What should a medication for sleep be expected to provide?

Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with

No sleep medication has been as rigorously evaluated in the sleep research laboratory as Dalmane. Insomnia patients given one 30-mg capsule of Dalmane at bedtime, on average: fell asleep within 17 minutes, had fewer nighttime awakenings, spent less time awake after sleep onset, and slept for 7 to 8 hours with no need to repeat dosage during the night.

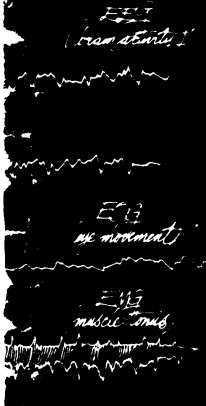
Dalmane (flurazepam HCl) has been shown to be consistently effective even during consecutive nights of administration. Thus there is little likelihood for the need to increase dosage to maintain therapeutic effect.

Dalmane is in a class by itself. Not a narcotic, barbiturate or methaqualone, Dalmane is the only available benzodiazepine specifically indicated for insomnia.

Chronic tolerance studies have confirmed the relative safety of Dalmane (flurazepam HCl): no depression of cardiac or respiratory function was noted in patients administered recommended or higher doses for as long as 90 consecutive nights. In most instances when adverse reactions were reported they were mild, infrequent and seldom required discontinuance of therapy. Morning "hang-over" with Dalmane has been relatively infrequent. Dizziness, drowsiness, lightheadedness and the like have been the side effects noted most frequently, particularly in the elderly and debilitated. (An initial dose of Dalmane 15 mg should be prescribed for these patients.)

When your evaluation of insomnia indicates the need for a sleep medication, consider Dalmane—a single entity agent proved effective and relatively safe for relief of insomnia.

DALMANE®
(flurazepam HCl)



One 30-mg capsule *h.s.*—usual adult dosage
15 mg may suffice in some patients
One 15-mg capsule *h.s.*—initial dosage for elderly or debilitated patients.

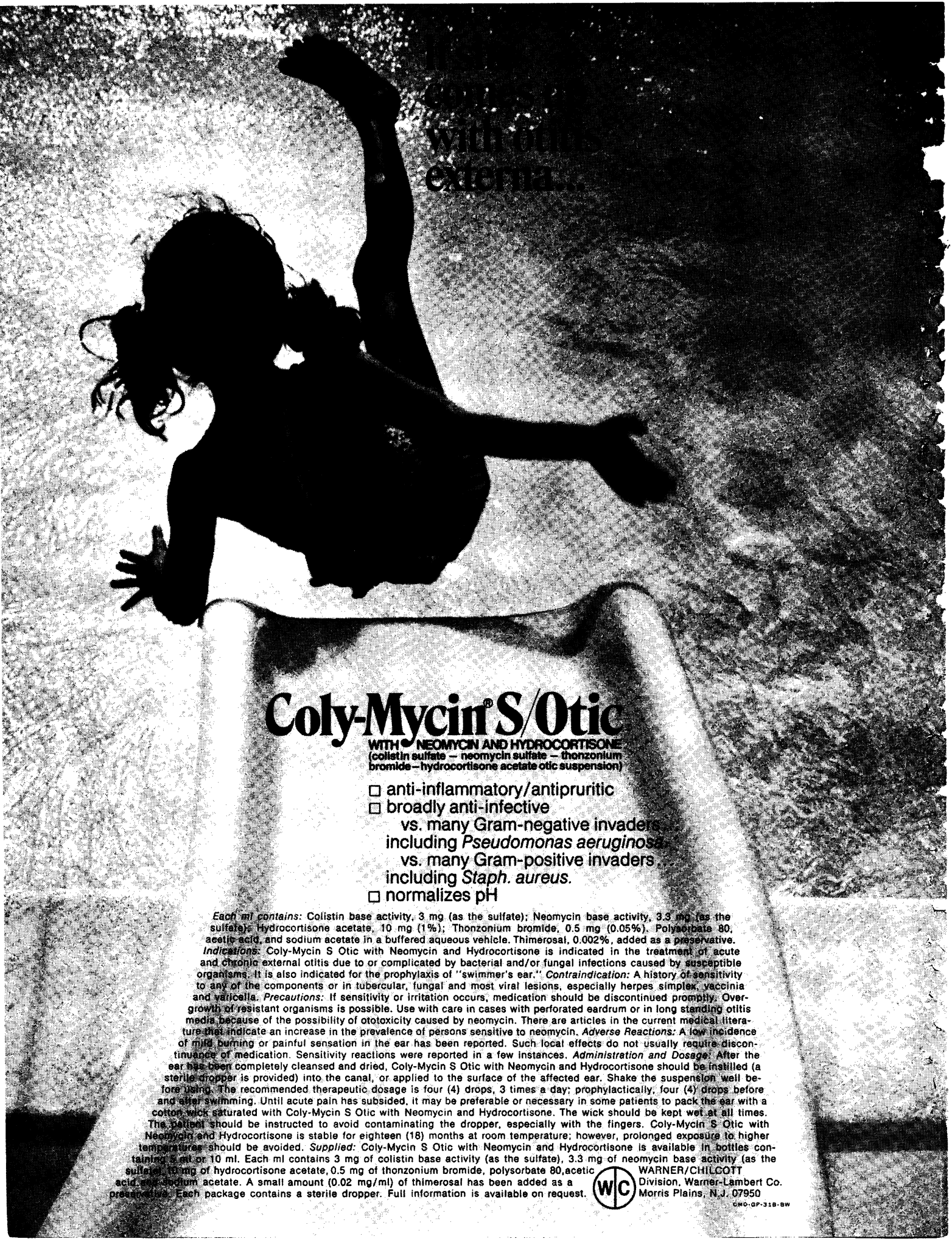
ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, e.g., excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly, or debilitated patients:* 15 mg initially, until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.



Coly-Mycin® S/Otic

WITH NEOMYCIN AND HYDROCORTISONE
(colistin sulfate – neomycin sulfate – thonzonium bromide – hydrocortisone acetate otic suspension)

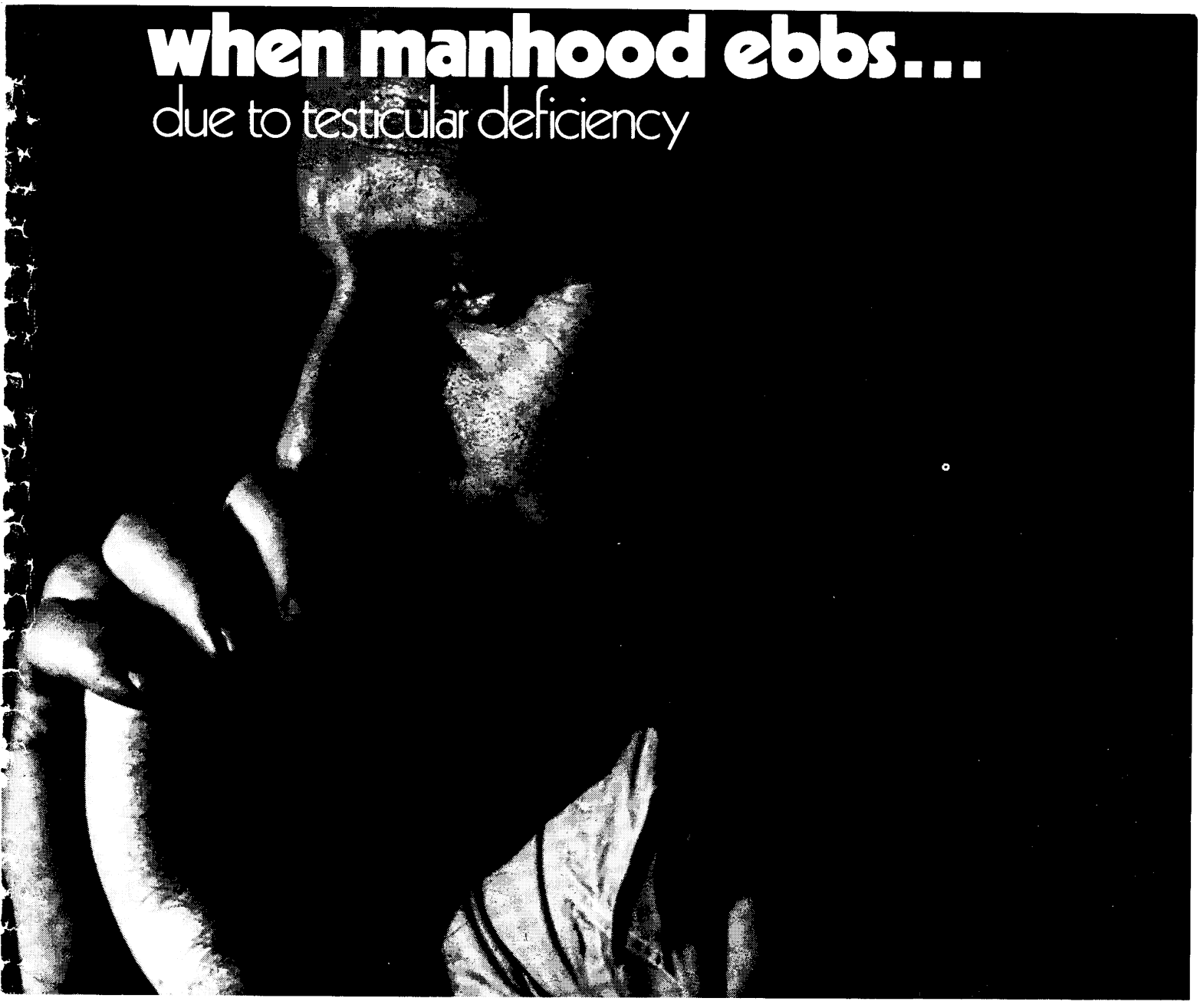
- ☐ anti-inflammatory/antipruritic
- ☐ broadly anti-infective
  vs. many Gram-negative invaders...
  including *Pseudomonas aeruginosa*,
  vs. many Gram-positive invaders...
  including *Staph. aureus*.
- ☐ normalizes pH

Each ml contains: Colistin base activity, 3 mg (as the sulfate); Neomycin base activity, 3.3 mg (as the sulfate); Hydrocortisone acetate, 10 mg (1%); Thonzonium bromide, 0.5 mg (0.05%). Polysorbate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal, 0.002%, added as a preservative. *Indications:* Coly-Mycin S Otic with Neomycin and Hydrocortisone is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear." *Contraindication:* A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella. *Precautions:* If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in long standing otitis media because of the possibility of ototoxicity caused by neomycin. There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin. *Adverse Reactions:* A low incidence of mild burning or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances. *Administration and Dosage:* After the ear has been completely cleansed and dried, Coly-Mycin S Otic with Neomycin and Hydrocortisone should be instilled (a sterile dropper is provided) into the canal, or applied to the surface of the affected ear. Shake the suspension well before using. The recommended therapeutic dosage is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with Coly-Mycin S Otic with Neomycin and Hydrocortisone. The wick should be kept wet at all times. The patient should be instructed to avoid contaminating the dropper, especially with the fingers. Coly-Mycin S Otic with Neomycin and Hydrocortisone is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided. *Supplied:* Coly-Mycin S Otic with Neomycin and Hydrocortisone is available in bottles containing 5 ml or 10 ml. Each ml contains 3 mg of colistin base activity (as the sulfate), 3.3 mg of neomycin base activity (as the sulfate), 10 mg of hydrocortisone acetate, 0.5 mg of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg/ml) of thimerosal has been added as a preservative. Each package contains a sterile dropper. Full information is available on request.

WARNER/CHILCOTT
Division, Warner-Lambert Co.
Morris Plains, N.J. 07950

CMO-GP-318-BW

when manhood ebbs...
due to testicular deficiency



Halotestin® 5 mg tablets
fluoxymesterone, Upjohn
oral hormone replacement with parenteral-like potency

Halotestin® Tablets—2, 5 and 10 mg
(fluoxymesterone Tablets, U.S.P., Upjohn)

Indications in the male: Primary indication in the male is replacement therapy. Prevents the development of atrophic changes in the accessory male sex organs following castration.
1. Primary eunuchoidism and eunuchism. **2.** Male climacteric symptoms when these are secondary to androgen deficiency. **3.** Those symptoms of panhypopituitarism related to hypogonadism. **4.** Impotence due to androgen deficiency. **5.** Delayed puberty, provided it has been definitely established as such, and it is not just a familial trait.
In the female: 1. Prevention of postpartum breast manifestations of pain and engorgement. **2.** Palliation of androgen-responsive, advanced, inoperable female breast cancer in women who are more than 1, but less than 5 years post-menopausal or who have been proven to have a hormone-dependent tumor, as shown by previous beneficial response to castration.
Contraindications: Carcinoma of the male breast. Carcinoma, known or suspected, of the prostate. Cardiac, hepatic or renal decompensation. Hypercalcemia. Liver function impairment. Prepubertal males. Pregnancy.
Warnings: Hypercalcemia may occur in immobilized patients, and in patients with breast cancer. In patients with cancer this may indicate progression of bony metastasis. If this occurs the drug should be discontinued. Watch female patients closely for signs of virilization. Some effects may not be reversible. Discontinue if cholestatic hepatitis with jaundice appears or liver tests become abnormal.
Precautions: Patients with cardiac, renal or hepatic derangement may retain sodium and water thus forming edema. Priapism or excessive sexual stimulation, oligospermia, reduced ejaculatory volume, hypersensitivity and gynecomastia may occur. When any of these effects appear the androgen should be stopped.
Adverse Reactions: Acne. Decreased ejaculatory volume. Gynecomastia. Edema. Hypersensitivity, including skin manifestations and anaphylactoid reactions. Priapism. Hypercalcemia (especially in immobile patients and those with metastatic breast carcinoma). Virilization in females. Cholestatic jaundice.
How Supplied
2 mg — bottles of 100 scored tablets.
5 mg — bottles of 50 scored tablets.
10 mg — bottles of 50 scored tablets.
For additional product information, see your Upjohn representative or consult the package circular.

JA71-100BR

MED B-6-5 (MAH)

Upjohn

The Upjohn Company, Kalamazoo, Michigan 49001

With vulvovaginal candidiasis she can't wait for relief...

with Sporostacin Cream, in many cases, she doesn't have to.

A 14-day therapy* that provides prompt relief

Composition: SPOROSTACIN Cream contains chlordantoin 1% and benzalkonium chloride 0.05%, compounded with glyceryl monostearate, phosphoric acid, cetyl alcohol 2%, stearic acid, peanut oil, ionol, catanac, glycerin, benzoic acid and water.

***Indication**

Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Probably" effective: For the treatment of vulvovaginal candidiasis.

Final classification of the less-than-effective indication requires further investigation.

†Trademark

Sporostacin† Cream

(chlordantoin 1% and benzalkonium chloride 0.05%)

Contraindications: None known.

Precautions: Cases of sensitization and irritation have been reported. When noted the drug should be discontinued.

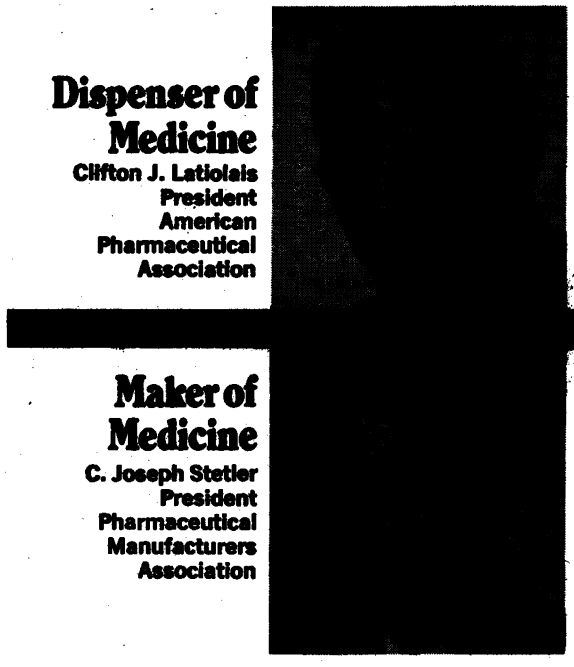
Dosage: One applicatorful intravaginally twice daily for 14 days. Course of therapy may be repeated if necessary.

Supplied: SPOROSTACIN Cream is available in 3.35 oz. (95g) tubes with the ORTHO† Measured-Dose Applicator.

Ortho Pharmaceutical Corporation, Raritan, New Jersey 08869

Opinion & Dialogue

"Prescription drugs — who should determine the maker?"



Dispenser of Medicine
Clifton J. Latiolais
President
American Pharmaceutical Association

Maker of Medicine
C. Joseph Stetler
President
Pharmaceutical Manufacturers Association

"Too many doctors are indifferent to the economic consequences of their decisions." So stated a recent issue of *Medical News Report* (December 4, 1972), an independent weekly newsletter published by former AMA Chief Executive F. J. L. Blasingame, M.D.

Doctor, are you indifferent...?

In discussing an anticipated increase in Blue Shield rates, Dr. Blasingame's newsletter had this to say:

"In general, it can be said, MD's have given the impression they are not particularly concerned with the increase in cost of health care to their patients...

"True, an MD's training is primarily scientific, but in the real world of practice, all of his scientific decisions have a price tag, or an economic impact. The economics of health care beckon the practitioner's attention. Concern for economics of medicine

When the pharmacist recommends that a drug product other than the one ordered be dispensed, the prescriber invariably permits the change when he feels the best interests of the patient will be served.

Shortcomings of Pro-Substitution Argument

The fact remains that it is necessary for the prescriber to know that the change is being contemplated, and to be in a position to consent or demur. Without that opportunity, the unilateral decision of the pharmacist, made in the absence of clinical knowledge of the patient, could expose him to needless risks, and in addition, jeopardize the relationship between the professions of Pharmacy and Medicine. In my view, there is nothing in the pro-substitution argument that offsets these risks.

The Issue of Drug Knowledge

Substitution advocates claim that the primary justification for changing the rules is the desire to better utilize pharmacists' knowledge about drugs. Yet the pharmacist's task to keep current on the entire field of drug therapy, to some degree, puts him at a disadvantage. Most often, a practicing physician will need expert knowledge of no more than 25

should be an obligation of medical practice...

"Medical societies ought to conduct continuing campaigns to point out the substantial savings that could be realized thru deductible insurance and protection for catastrophic illness. At the very least, they should, in the patients' interest, question the tactics of any insurance organization that raises health care costs by forcing policyholders to buy insurance they may not need or want and probably won't ever use.

"Too many doctors are indifferent to the economic consequences of their decisions. Too many, for example, habitually hospitalize patients for the convenience of the MD. It's nonsense to deny such habits exist...

"Doctors, thru their medical societies, have unhesitatingly appealed to their patients for support in the fight against government interference with the private practice of medicine. And the public in the past has responded. It's time the American Medical Association and state and local medical societies paid off the debt by decisive action to hold down the cost of medical care."

Cost of Drugs

Insurance rates and hospital charges are only two factors in health care costs. The cost of drugs—both prescription and nonprescription—is another.

And when it comes to drug costs, the nation's pharmacists *are concerned.* Through their national professional society, the American Pharmaceutical Association, pharmacists are advising the public to use nonprescription medication cautiously and conservatively, and to seek the advice of their pharmacist before selecting or purchasing such drugs.

Outdated Laws

The pharmacist also is aware that when it comes to prescription drugs, often he has an even greater opportunity to reduce the cost to the patient—with no sacrifice in the quality of the medication dispensed. But in many states, outdated and antiquated laws prevent the pharmacist from engaging in drug product selection. "Drug product selection" simply means that the pharmacist functions in the patient's interest by consciously choosing, from the multiple brands available, a low-cost quality brand of the specific drug to be dispensed in response to the physician's prescription order.

Much *misinformation* has been purposely spread by those who stand to gain financially by maintaining high drug costs to the public. An endless stream of propaganda has emanated from the drug industry in an effort to persuade the medical profession that these so-called anti-substitution laws should be retained. And as long as these laws are retained, the drug industry will continue its current marketing practices which contribute unnecessarily to high drug costs to patients. These practices also are inviting government agencies to expand their restrictive controls on physicians and pharmacists.

APhA Efforts

As pharmacists, we are concerned about health care costs. We hope that every physician shares our concern on this vital issue, and will give his personal support to the constructive efforts APhA has undertaken in the interest of all patients.

(For a complete discussion of drug product selection, you are invited to request a free copy of the "White Paper on the Pharmacist's Role in Product Selection" from: American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.)

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or 30 drugs that he selects to treat the majority of conditions encountered in his practice. Moreover, the physician's choice of a specific brand is based on his knowledge of the patient's medical history and current condition, and his experiences with the particular manufacturer's product.

Some substitution proponents have argued that the dispensing of a prescription is a simple two-party transaction between the pharmacist and the patient, and that a substituting pharmacist may avoid even a technical breach of contract by simply notifying the patient that he is making the substitution. I would judge that few courts would be sympathetic toward a pharmacist who substituted without physician approval and who undertook a legal defense that seeks to make the patient responsible for the pharmacist's actions.

Reduced Prescription Prices?

Substitution advocates are suggesting to the consumer, and particularly the consumer activist, that reduced prescription prices could follow legalization of substitution. We have seen absolutely no evidence to justify this claim. To the contrary, experience in Alberta, Canada, where substitution is authorized, suggests the opposite.

Many pharmacists understandably are concerned about the cost of maintaining multiple stocks of similar products. While there is no doubt that inventory costs rise when additional brands are stocked, it would be interesting to know how much they rise, and how many pharmacists actually stock *all* brands—of, say, ampicillin or tetracycline—or how long they keep "slow moving" products on their shelves before they are returned for credit. To ask that the industry eliminate multiple sources is to ask competitors to stop competing.

Drug Substitution—A License for the Unethical

Anti-substitution repeal would favor "corner cutting" pharmacists and manufacturers. For them, free substitution would be not a right, but a license. As an aftermath, it is quite likely that the confidence of both physicians and patients in the profession of Pharmacy would be eroded, as revelations about the unconscionable behavior of an undisciplined few were magnified in the press or in professional circles.

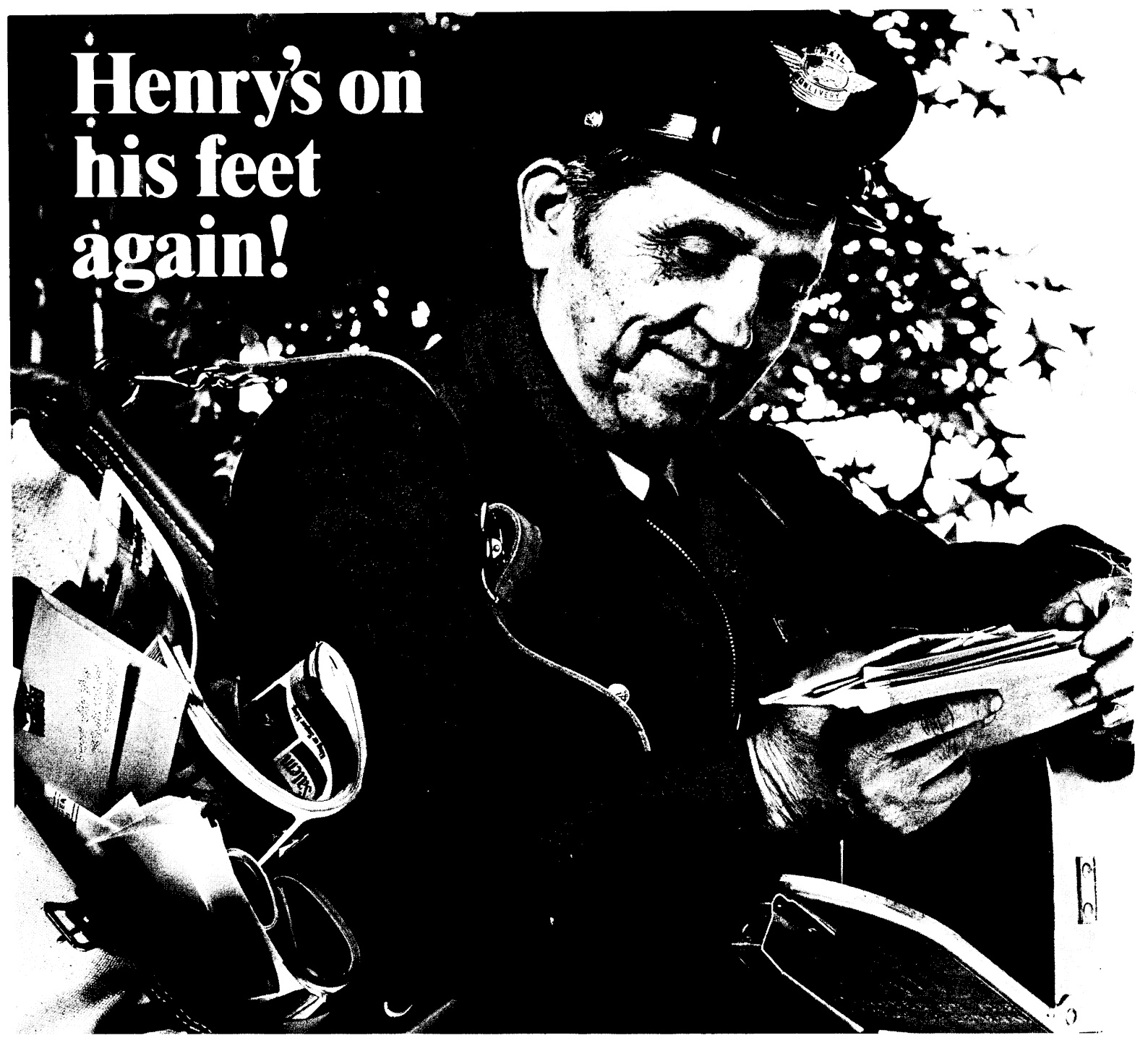
Summary

In short, what the American Pharmaceutical Association advocates as a broad-spectrum panacea looks to us to be not only a minority view (advocacy of substitution is by no means a uniform policy in Pharmacy), but also an extraordinarily costly and ineffective remedy, whose side effects are odious. We believe (1) that an impressive majority of pharmacists prefer to work with Medicine and with industry, for the consumer, and for the general good, (2) that they seek the privilege to substitute when the patient might gain and when the patient's doctor agrees, and (3) that they seek to work for the resolution of genuine grievances openly and professionally.

(For amplification of PMA views, please write for our booklet, "The Medications Physicians Prescribe: Who Shall Determine the Source?" It is available from: Pharmaceutical Manufacturers Association, 1155 Fifteenth Street, N.W., Washington, D.C. 20005.)

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005

PMA



BEMINAL®-500

High potency B complex vitamins/ 500mg. vitamin C

A return to good health can be so many things... medical and nursing care... rest and proper diet... and prescribed nutritional supplementation, like BEMINAL-500, when the need is for high potency vitamin B complex with 500 mg. of vitamin C.

BEMINAL-500 provides B and C for vitamin deficiencies which may occur during

- pre- and postoperative care
- acute infections

or resulting from

- debilitating long term illness
- convalescence

BEMINAL-500 Tablets have no odor and leave no aftertaste... 500 mg. of vitamin C in every tablet.

Each BEMINAL-500 tablet contains:

Thiamine mononitrate (Vit. B_1)	25.0 mg.
Riboflavin (Vit. B_2)	12.5 mg.
Niacinamide	100.0 mg.
Pyridoxine hydrochloride (Vit. B_6)	10.0 mg.
Calcium pantothenate	20.0 mg.
Ascorbic acid (Vit. C) as sodium ascorbate	500.0 mg.
Cyanocobalamin (Vit. B_{12})	5.0 mcg.

Each tablet contains 0.15 mg. saccharin as sodium saccharin.

Each tablet provides the following multiples of the recognized adult minimum daily requirements:

Thiamine mononitrate	25
Riboflavin	10
Niacinamide	10
Ascorbic Acid	16

The need for pyridoxine hydrochloride, calcium pantothenate, and cyanocobalamin in human nutrition has not been established.

USUAL DOSAGE:
Adults—1 tablet daily, or as directed.

SUPPLIED:
No. 824—BEMINAL-500 Tablets, in bottles of 100.

Ayerst AYERST LABORATORIES
New York, N.Y. 10017

7310

Bio-Science Reports

The Venereal Disease Epidemic:

How To Use The Laboratory

In our newly revised "Laboratory Aid" (see below) devoted to diagnosis and treatment of syphilis and gonorrhea we quote Dr. Sidney Olansky: "Therefore, we have reached the point where the serologic problems associated with syphilis almost always can be resolved with the proper use of two tests: the VDRL slide test and the FTA-ABS test." ("Serodiagnosis of Syphilis" in The Medical Clinics of North America *56*:1145, 1972.) From our broad experience in laboratory services devoted to the diagnosis and follow-up of syphilis we know that the "almost always" part of Dr. Olansky's statement describes those situations which are most troublesome to physicians.

The VDRL test is somewhat insensitive in very early syphilis. Thus the FTA-ABS test, not ordinarily considered a screening procedure, may sometimes be the test of choice in those instances when the physician suspects early syphilis in the face of a "Non-reactive" VDRL test.

When a diagnosis of syphilis has been made, the efficacy of treatment should be checked by *periodic quantitative VDRL tests*—not by the FTA-ABS test, which may remain reactive for life even in cured syphilis.

False positive VDRL tests are usually transient and of low titer. If reactivity persists, the clinician should suspect an underlying "auto-immune" disturbance, perhaps SLE. Although not as frequent, false positive FTA-ABS tests also occur, usually because there is another disease involved; however, final resolution may not be possible until autopsy, if at all. The question of whether or not to start antibiotic therapy becomes strictly a clinical decision.

A recently described modification of the FTA test using CSF is available from our laboratory and may be of help for physicians faced with the possibility of neurosyphilis in older patients with *sero*-negative VDRL and reactive FTA-ABS tests. (Brit. J. Ven. Dis. *48*:97, 1972.)

Some Words on Gonorrhea

Unfortunately, a simple inexpensive screening test analogous to the VDRL is not yet available for gonorrhea. Transgrow Collection Kits make the services of our reference laboratory available to any physician seeking "bacteriological" confirmation of GC.

The Complement Fixation test for *N. gonorrhoeae* may be of value in uncovering "hidden" GC in the relatively asymptomatic female and in the Asian variety of gonorrhea.

In Summary

Bio-Science Laboratories offers an exceptionally complete array of tests to aid in the diagnosis of both syphilis and gonorrhea; our new booklet, "Laboratory Aids for the Diagnosis and Treatment of Gonorrhea and Syphilis," is available at no cost or obligation to guide clinicians in the selection of the appropriate tests and in the interpretation of test results.

Pertinent Tests Available at Bio-Science Laboratories

VDRL, qualitative, quantitative, and pre-marital
FTA-ABS
FTA, modified, for cerebrospinal fluid
Darkfield examination (local clients)
Direct FA stain for *T. pallidum*
(for mailed specimens)
Gram stain and/or FA stain for *N. gonorrhoeae*
Complement-fixation Test for antibodies to
N. gonorrhoeae
Routine culture for GC (local clients)
Transgrow Collection Kit for GC cultures
(for mailed specimens)

Bio-Science Laboratories

Main Lab: 7600 Tyrone Ave.
Van Nuys, California 91405
Philadelphia Branch:
116 So. Eighteenth St.
Philadelphia, Pa. 19103

Bio-Science Laboratories
7600 Tyrone Avenue
Van Nuys, California 91405 Dept. B
Philadelphia Branch:
116 So. Eighteenth St.
Philadelphia, Pa. 19103

Gentlemen: Please send me—

☐ A copy of your booklet on LABORATORY AIDS FOR THE DIAGNOSIS AND TREATMENT OF GONORRHEA AND SYPHILIS.

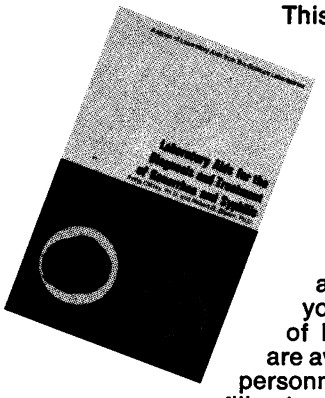
☐ A STARTER LAB PACK containing a small supply of postage-paid mailing containers and FEE SCHEDULE.

Name _____

Address _____

City _____ State _____ Zip _____

FREE! Laboratory Aids for the Diagnosis and Treatment of Gonorrhea and Syphilis



This 12-page booklet, written by Drs. Olitzky and Blaker of the staff of Bio-Science Laboratories, contains a clear and graphic summary of the value and limitations of laboratory technics in the assessment of these venereal disease problems. You will find it to be a quick and ready reference to update yourself in this important area of laboratory medicine. Copies are available to physicians and lab personnel without obligation. Simply fill out and mail this coupon.

In Gonorrhea

Injection WYCILLIN®

(sterile procaine penicillin G suspension) Wyeth

Penicillin in large doses remains the drug of choice in therapy of gonorrhea. Among penicillins, first choice recommended by the national Center for Disease Control for parenteral therapy of uncomplicated gonorrhea is aqueous procaine penicillin G.

Administration of 4.8 million units together with 1 gram oral probenecid, preferably given at least 30 minutes prior to injection, is recommended in treatment of uncomplicated gonorrhea.

Indications: In treatment of moderately severe infections due to penicillin G-sensitive microorganisms sensitive to the low and persistent serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

NOTE: When high sustained serum levels are required use aqueous penicillin G, IM or IV.

The following infection will usually respond to adequate dosages of intramuscular procaine penicillin G.—*N. gonorrhoeae:* acute and chronic (without bacteremia).

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy.

Serious anaphylactoid reactions require immediate emergency treatment with epinephrine. Oxygen and intravenous corticosteroids should also be administered as indicated.

Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injections may produce neurovascular damage.

A small percentage of patients are sensitive to procaine. If there is a history of sensitivity, make the usual test: Inject intradermally 0.1 cc. of a 1 to 2 percent procaine solution. Development of an erythema, wheal, flare or eruption indicates procaine sensitivity. Sensitivity should be treated by the usual methods, including barbiturates, and procaine penicillin preparations should not be used. Antihistaminics appear beneficial in treatment of procaine reaction.

The use of antibiotics may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential. If new infections due to bacteria or fungi appear during therapy, discontinue penicillin and take appropriate measures.

If allergic reaction occurs, withdraw penicillin unless, in the opinion of the physician, the condition being treated is life threatening and amenable only to penicillin therapy.

When treating gonococcal infections with suspected primary or secondary syphilis, perform proper diagnostic procedures, including darkfield examinations. In all cases in which concomitant syphilis is suspected, perform monthly serological tests for at least four months.

Adverse Reactions: (Penicillin has significant index of sensitization) skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported. (See "Warnings")

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Administration and Dosage: Administer only by ***deep intramuscular injection,*** in upper outer quadrant of buttock. In infants and small children, midlateral aspect of thigh may be preferable. When doses are repeated, vary injection site. Before injection, aspirate to be sure needle bevel is not in blood vessel. If blood appears, remove needle and inject in another site.

Although some isolates of ***Neisseria gonorrhoeae*** have decreased susceptibility to penicillin, this resistance is relative, not absolute, and penicillin in large doses remains the drug of choice. Physicians are cautioned not to use less than recommended doses.

Gonorrheal infections (uncomplicated) — Men or Women: 4.8 million units intramuscularly divided into at least two doses and injected at different sites at one visit, together with 1 gram of oral probenecid, preferably given at least 30 minutes prior to injection.

NOTE: Treatment of severe complications of gonorrhea should be individualized using large amounts of short-acting penicillin. Gonorrheal endocarditis should be treated intensively with aqueous penicillin G. Prophylactic or epidemiologic treatment for gonorrhea (male and female) is accomplished with same treatment schedules as for uncomplicated gonorrhea.

Retreatment: The National Center for Disease Control, Venereal Disease Branch, U.S. Dept. H.E.W. recommends:

Test cure procedures at approximately 7-14 days after therapy. In the male, a gram-stained smear is adequate if positive; otherwise, a culture specimen should be obtained from the anterior urethra. In the female, culture specimens should be obtained from both the endocervical and anal canal sites.

Retreatment in males is indicated if urethral discharge persists 3 or more days following initial therapy and smear or culture remains positive. Follow-up treatment consists of 4.8 million units. I.M. divided in 2 injection sites at single visit.

In uncomplicated gonorrhea in the female, retreatment is indicated if follow-up cervical or rectal cultures remain positive for *N. gonorrhoeae.* Follow-up treatment consists of 4.8 million units daily on 2 successive days.

Syphilis: all gonorrhea patients should have a serologic test for syphilis at the time of diagnosis. Patients with gonorrhea who also have syphilis should be given additional treatment appropriate to the stage of syphilis.

Composition: Each TUBEX® disposable syringe 2,400,000 units (4-cc. size) contains procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer, and as w/v approximately 0.7% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben. The multiple-dose 10-cc. vial contains per cc. 300,000 units procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer and approximately 7 mg. lecithin, 2 mg. carboxymethylcellulose, 3 mg. polyvinylpyrrolidone, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

Denise has VD.

Let's keep it from getting around.

Actual new cases of infectious syphilis apparently reached the 100,000 mark during the past year; new cases of gonorrhea, more than 2.5 million. That VD is rampant again is due, in large part, to the multiple contacts of teenagers like Denise.

By administering adequate doses of the recommended types of penicillin, you can usually cure VD in the beginning stages. And destroy another link in the chain of infection.

In Syphilis

Injection

BICILLIN® Long-Acting (sterile benzathine penicillin G suspension) Wyeth

Benzathine penicillin G...a drug of choice recommended by the national Center for Disease Control in all stages of syphilis and in preventive treatment after exposure.

Administration of 2.4 million units (1.2 million in each buttock) of benzathine penicillin G usually • cures most cases of primary, secondary and latent syphilis with negative spinal fluid • helps break chain of infection • minimizes chance of immediate reinfection.

Indications: In treatment of infections due to penicillin G-sensitive microorganisms that are susceptible to the low and very prolonged serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

The following infections will usually respond to adequate dosage of intramuscular benzathine penicillin G.—Venereal infections: Syphilis, yaws, bejel and pinta.

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported. Anaphylaxis is more frequent following parenteral therapy but has occurred with oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens.

Severe hypersensitivity reactions with cephalosporins have been well documented in patients with history of penicillin hypersensitivity. Before penicillin therapy, carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens. If allergic reaction occurs, discontinue drug and treat with usual agents, e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injection may produce neurovascular damage.

In streptococcal infections, therapy must be sufficient to eliminate the organism; otherwise the sequelae of streptococcal disease may occur. Take cultures following completion of treatment to determine whether streptococci have been eradicated.

Prolonged use of antibiotics may promote overgrowth of nonsusceptible organisms including fungi. Take appropriate measures should superinfection occur.

Adverse Reactions: Hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness reactions, laryngeal edema and anaphylaxis. Fever and eosinophilia may frequently be only reaction observed. Hemolytic anemia, leucopenia, thrombocytopenia, neuropathy and nephropathy are infrequent and usually associated with high doses of parenteral penicillin.

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Administration and Dosage: Venereal infections—

Syphilis—Primary, secondary and latent—2.4 million units (1 dose).

Late (tertiary and neurosyphilis)—2.4 million units at 7 day intervals for three doses.

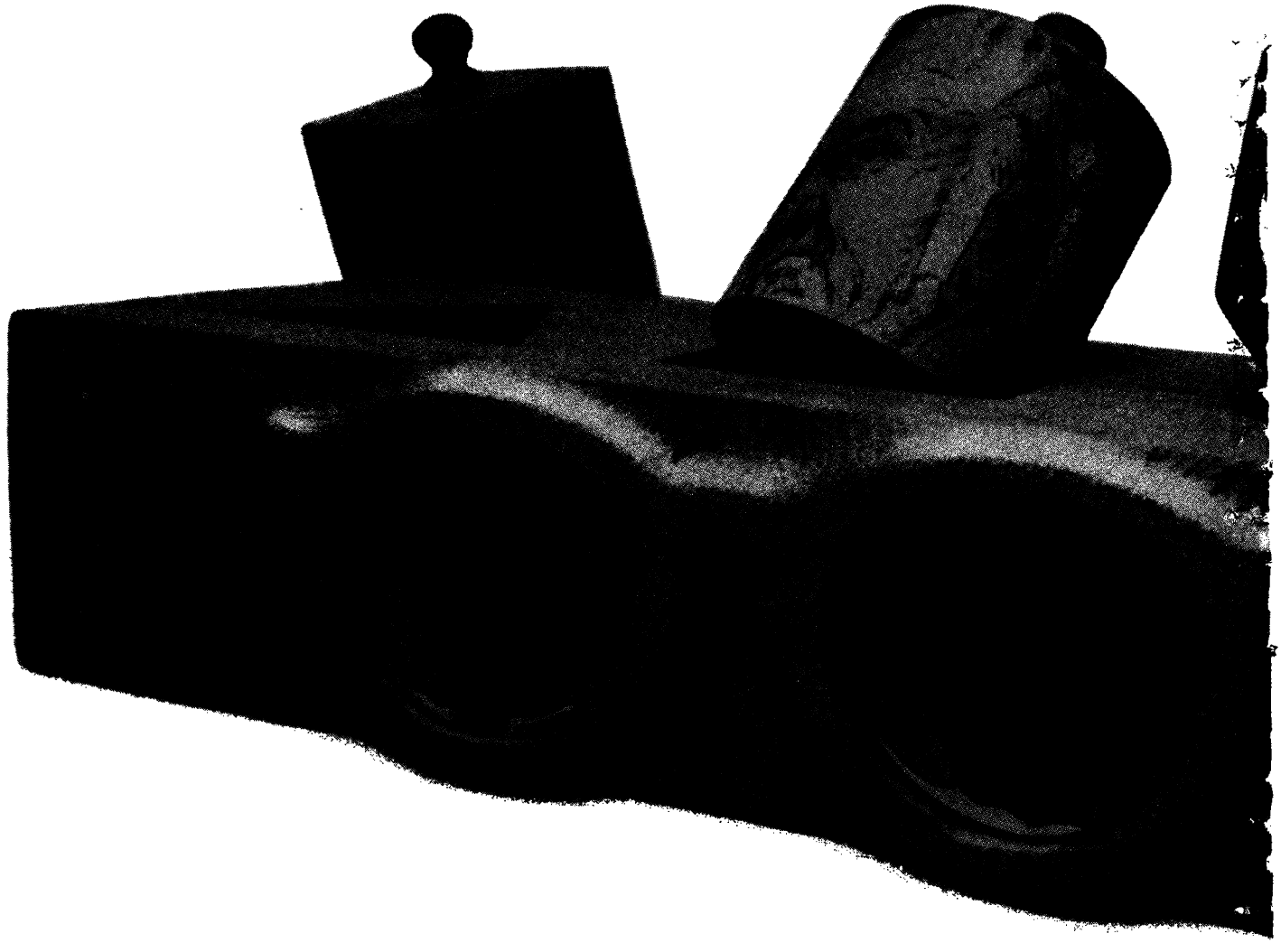
Congenital—under 2 years of age, 50,000 units/Kg. body weight; ages 2-12 years, adjust dosage based on adult dosage schedule.

(Shake multiple-dose vial vigorously before withdrawing the desired dose.) Administer by **deep intramuscular injection** in the upper outer quadrant of the buttock. In infants and small children, the midlateral aspect of the thigh may be preferable. When doses are repeated, vary the injection site. Before injecting the dose, aspirate to be sure needle bevel is not in a blood vessel. If blood appears, remove the needle and inject in another site.

Composition: 2,400,000 units in 4-cc. single dose disposable syringe. Each TUBEX disposable syringe also contains in aqueous suspension with sodium citrate buffer, as w/v approximately 0.5% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben. Units benzathine penicillin G (as active ingredient); 300,000 units per cc.—10-cc. multi-dose vial. Each cc. also contains sodium citrate buffer, approximately 6 mg. lecithin, 3 mg. polyvinylpyrrolidone, 1 mg. carboxymethylcellulose, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

Wyeth Laboratories • Philadelphia, Pa. 19101

Help improve your depressed patients' ability to cope.



In Brief:

Actions: Norpramin® (desipramine hydrochloride) is an antidepressant drug of the tricyclic type. It has been found in some studies to have a more rapid onset of action than imipramine; antidepressant efficacy is similar though potency on a weight basis may be less. The earliest manifestations consist mainly of an increase in psychomotor activity. Full treatment benefit is seldom attained before the end of the second week.

Indications: Norpramin® (desipramine hydrochloride) is indicated for the relief of depressive symptoms. Endogenous depressions are more likely to be alleviated than others.

Contraindications: Desipramine hydrochloride should not be given within two weeks of treatment with a monoamine oxidase inhibitor. Contraindications include the acute recovery period following myocardial infarction and hypersensitivity to the drug. Cross sensitivity with other dibenzazepines is a possibility.

Warnings: 1. Extreme caution should be used in patients: (a) with cardiovascular disease, (b) with a history of urinary retention or glaucoma, (c) with thyroid disease or those on thyroid medication, (d) with a history of seizure disorder. 2. This drug is capable of blocking the antihypertensive effect of guanethidine and similarly acting compounds. 3. *Use in Pregnancy:* Safe use during pregnancy and lactation has not been established. 4. *Use in Children:* Norpramin® (desipramine hydrochloride) is not recommended for use in children. 5. This drug may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. Therefore, the patient should be cautioned accordingly.

Precautions: This drug should be dispensed in the least possible quantities to depressed outpatients, since suicide has been accomplished with drugs of this class. It should be kept out of reach of children. Reduce dosage, or alter treatment, if serious adverse effects occur. Norpramin® (desipramine hydrochloride) therapy in patients with manic-depressive illness may induce a hypomanic state after the depressive phase terminates and may cause exacerbation of psychosis in schizophrenic patients. Close supervision and careful adjustment of dosage are required when this drug is given along with anticholinergic or sympathomimetic drugs. While taking this drug, response to alcoholic beverages may be exaggerated. There is limited clinical experience in the concurrent administration of ECT and antidepressant drugs; thus, one should consider the possibility of increased risk relative to benefits. Discontinue as soon as possible prior to elective surgery because of possible cardiovascular effects. Hypertensive episodes have been observed during surgery in patients on desipramine hydrochloride. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is neutropenia.

Adverse Reactions: *Cardiovascular:* hypotension, hypertension, tachycardia, palpitation, arrhythmias, heart block, myocardial infarction, stroke. *Psychiatric:* confusional states (especially

Coping with Depression

The ability to cope with depressive illness, for the patient and to some degree for the physician, largely depends on hope—a crutch that is usually lacking in the depressed patient. To the depressed patient all the good things of life are bleak, black, or unattainable; all that is bad has been happening or will happen. Helping such a patient to cope with life again, to overcome the incapacitating moods, outlooks, and fears which characterize depression, can be a most rewarding experience for the physician.

Although Norpramin® (desipramine hydrochloride) is relatively rapid-acting, the patient should be told that he will not feel better immediately but that he will gradually become his old self again. A minor tranquilizer in appropriate dosage may be used with Norpramin temporarily if anxiety due to depression is present; a phenothiazine may be used similarly if agitation is severe.

Frequently, Norpramin and your own understanding of the patient are all that is necessary.

Norpramin®
(desipramine hydrochloride)
helps the depressed cope with life again.

in the elderly), hallucinations, disorientation, delusions; anxiety, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis. *Neurological:* paresthesias of extremities; incoordination, ataxia, tremors, peripheral neuropathy; extrapyramidal symptoms; seizures; alteration in EEG patterns; tinnitus. *Anticholinergic:* dry mouth, and rarely associated sublingual adenitis; blurred vision, disturbance of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, hypotonic bladder. *Allergic:* skin rash, petechiae, urticaria, itching, photosensitization, edema (of face and tongue or general), drug fever. *Hematologic:* agranulocytosis, eosinophilia, purpura, thrombocytopenia. *Gastrointestinal:* anorexia, nausea and vomiting, epigastric distress, peculiar taste, abdominal cramps, diarrhea, stomatitis, black tongue. *Endocrine:* gynecomastia; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence, testicular swelling; elevation or depression of blood sugar levels. *Other:* jaundice (simulating obstructive), altered liver function; weight gain or loss; perspiration, flushing; urinary frequency, nocturia; parotid swelling; drowsiness, dizziness, weakness and fatigue, headache; alopecia. *Withdrawal Symptoms:* Though not indicative of addiction, abrupt cessation after prolonged therapy may produce nausea, headache and malaise.

Dosage and Administration: *The usual adult dose:* 50 mg. three times daily; increase if necessary after 7 to 10 days to maximum of 200 mg. daily. Dosages above 200 mg. per day are not recommended. *Maintenance:* At a lower dose adequate to maintain remission. *Adolescent and geriatric patient dose:* 25 to 50 mg. daily if necessary.

Overdosage: There is no specific antidote for desipramine, nor are there specific phenomena of diagnostic value characterizing poisoning by the drug. The principles of management of coma and shock by means of the mechanical respirator, cardiac pacemaker, monitoring of central venous pressure and regulation of fluid- and acid-base balance are well known in most medical centers. If heart failure is imminent, digitalize promptly.

How Supplied: Norpramin® (desipramine hydrochloride) *25 mg.*, sugar coated tablets, yellow, in bottles of 50, 500 and 1000 tablets. Norpramin® (desipramine hydrochloride) *50 mg.*, sugar coated tablets, light green, in bottles of 50, 250 and 1000 tablets.

Manufactured by LAKESIDE LABORATORIES
Division of Colgate-Palmolive Company

Distributed by
LAKESIDE LABORATORIES, INC.
Milwaukee, Wisconsin 53201

CANDEPTIN® (candicidin) VAGELETTES™ Vaginal Capsules...a unique dosage form... anatomically and therapeutically designed to extend flexibility in the treatment of vaginal moniliasis.

Virtually unlimited application

CANDEPTIN VAGELETTES Vaginal Capsules provide the specific high potency antimonilial agent, candicidin, in a soft gelatin capsule—the shape designed with your patient in mind. It permits easy manual insertion without the need for an applicator or inserter...of particular value for the pregnant patient...for *intravaginal use.* By cutting off the tip of the narrow soft end, the contents can be extruded through an intact hymen for *intravaginal use.* And it is readily adaptable to *topical application* for labial involvement, and/or *intravaginal use* to treat mucosal infection.

CANDEPTIN (candicidin) provides:

Rapid results

Prompt, symptomatic relief—itching, burning, and discharge subside in 48-72 hours!
Soothing, miscible ointment permits complete contact with affected tissue.
Usually cures in a single 14-day course of therapy.[2,3,4]

Safe

Exact dosage assured.[2,3]
No side effects, clinical reports of irritation or sensitization extremely rare.

Convenience

Easy to use intravaginally and/or topically for labial involvement.
Encourages patient acceptance and cooperation.
Therapy is easy to start in your office.

Clinical proof of potency

CANDEPTIN (candicidin) is significantly more potent *in vitro* than nystatin.[5] CANDEPTIN Vaginal Ointment and Tablets have a clinical record of cure rates of 90% and more in pregnant and non-pregnant patients.[1,4,6] In recent studies on CANDEPTIN VAGELETTES Vaginal Capsules, involving both gravid and non-gravid patients, a 100% culture-confirmed cure rate was achieved with a single 14-day course of therapy.[2,3]

Unique CANDEPTIN® (candicidin) VAGELETTES™ Vaginal Capsules

Description: CANDEPTIN (candicidin) Vaginal Ointment contains a dispersion of candicidin powder equivalent to 0.6 mg. per gm. or 0.06% Candicidin activity in U.S.P. petrolatum. 3 mg. of Candicidin is contained in 5 gm. of ointment or one applicatorful. CANDEPTIN Vaginal Tablets contain Candicidin powder equivalent to 3 mg. (0.3%) Candicidin activity dispersed in starch, lactose and magnesium stearate. CANDEPTIN VAGELETTES Vaginal Capsules contain 3 mg. of Candicidin activity dispersed in 5 gm. U.S.P. petrolatum.
Action: CANDEPTIN Vaginal Ointment, Vaginal Tablets, and VAGELETTES Vaginal Capsules possess anti-monilial activity.
Indications: Vaginitis due to Candida albicans and other Candida species.
Contraindications: Contraindicated for patients known to be sensitive to any of its components. During pregnancy manual Tablet or VAGELETTES Capsule insertion may be preferred since the use of the ointment applicator or tablet inserter may be contraindicated.
Caution: During treatment it is recommended that the patient refrain from sexual intercourse or the husband wear a condom to avoid re-infection.
Adverse Reaction: Clinical reports of sensitization or temporary irritation with CANDEPTIN Vaginal Ointment, Vaginal Tablets or VAGELETTES Vaginal Capsules have been extremely rare.
Dosage: One vaginal applicatorful of CANDEPTIN Ointment or one Vaginal Tablet or one VAGELETTES Vaginal Capsule is inserted high in the vagina twice a day, in the morning and at bedtime, for 14 days. Treatment may be repeated if symptoms persist or reappear.
Available Dosage Forms: CANDEPTIN Vaginal Ointment is supplied in 75 gm. tubes with applicator (14-day regimen requires 2 tubes). CANDEPTIN Vaginal Tablets are packaged in boxes of 28, in foil with inserter—enough for a full course of treatment. CANDEPTIN VAGELETTES Vaginal Capsules are packaged in boxes of 14 (14-day regimen requires 2 boxes.)

Store under refrigeration to insure full potency.

Federal law prohibits dispensing without prescription.

References: 1. Olsen, J.R.: Journal-Lancet *85*:287 (July) 1965. 2. Giorlando, S.W.: Ob/Gyn Dig. *13*:32 (Sept.) 1971. 3. Decker, A.: Case Reports on File, Medical Department, Julius Schmid. 4. Giorlando, S.W., Torres, J.F., and Muscillo, G.: Am. J. Obst. & Gynec. *90*: 370 (Oct. 1) 1964. 5. Lechevalier, H.: Antibiotics Annual 1959-1960. New York, Antibiotica Inc., 1960. pp. 614-618. 6. Friedel, H.J.: Maryland M.J., *15*:36 (Feb.) 1966.

Julius Schmid Pharmaceuticals
423 West 55th Street
New York, New York 10019

CANDEPTIN®
(candicidin)
Vaginal Tablets
Vaginal Ointment
and VAGELETTES™
Vaginal Capsules

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PHYSICIANS WANTED

NEUROSURGEON needed in Antelope Valley, 70 miles northeast of Los Angeles, Calif. Lots of work for busy practice; second neurosurgeon available in the area. Ideal living conditions; no smog, little traffic. Modern medical center with open staff privileges. Contact Harvey A. Birsner, MD, 44855 10th West, Lancaster, Ca.; (805) 942-3315.

MEDICAL CONSULTANT

The Los Angeles County Dept. of Health Services, Community Health Division (formerly the Health Department) needs a Physician as medical consultant to the Los Angeles County Retirement Board. The medical consultant will review retirement cases involving medical disability in order to help the Retirement Board to arrive at its decisions. A minimum of two (2) years in the practice of medicine is required; a California State Physician and Surgeons Certificate, and a California Class "3" Drivers license is also required. SALARY: $2,592 per month. On a 5-step plan this position starts at the 5th Step. 40-hour week.

For more information, contact: Betsy MacCracken, MD, 313 N. Figueroa, Los Angeles, Ca. 90012, or call (213) 625-3212, Ext. 225. The position is open to men and women; we are an equal opportunity employer.

CIVIL SERVICE COMMISSION
COUNTY OF LOS ANGELES

PEDIATRICIAN—Board certified or eligible to direct busy Pediatric Outpatient Department in County Hospital in central California. The approved Pediatric Residency Program is affiliated with UCLA. The position is a challenging one and will involve department development as well as active participation in the teaching program. Attractive terms. Contact James McKenna, MD, Chief of Pediatrics, Valley Medical Center, 445 So. Cedar Ave., Fresno, Ca. 93702, (209) 251-4833.

INTERNISTS URGENTLY needed to join five other internists in seventeen-man multi-specialty group in Central Los Angeles. Competitive starting salaries with regular salary increases. Eligible for Partnership after two years. Teaching opportunities. Clinic building 7 years old. Opportunity for equal equity in real property after two years. The Moore-White Medical Clinic, 266 South Harvard Blvd., Los Angeles, Ca. 90004. Attention: Medical Director.

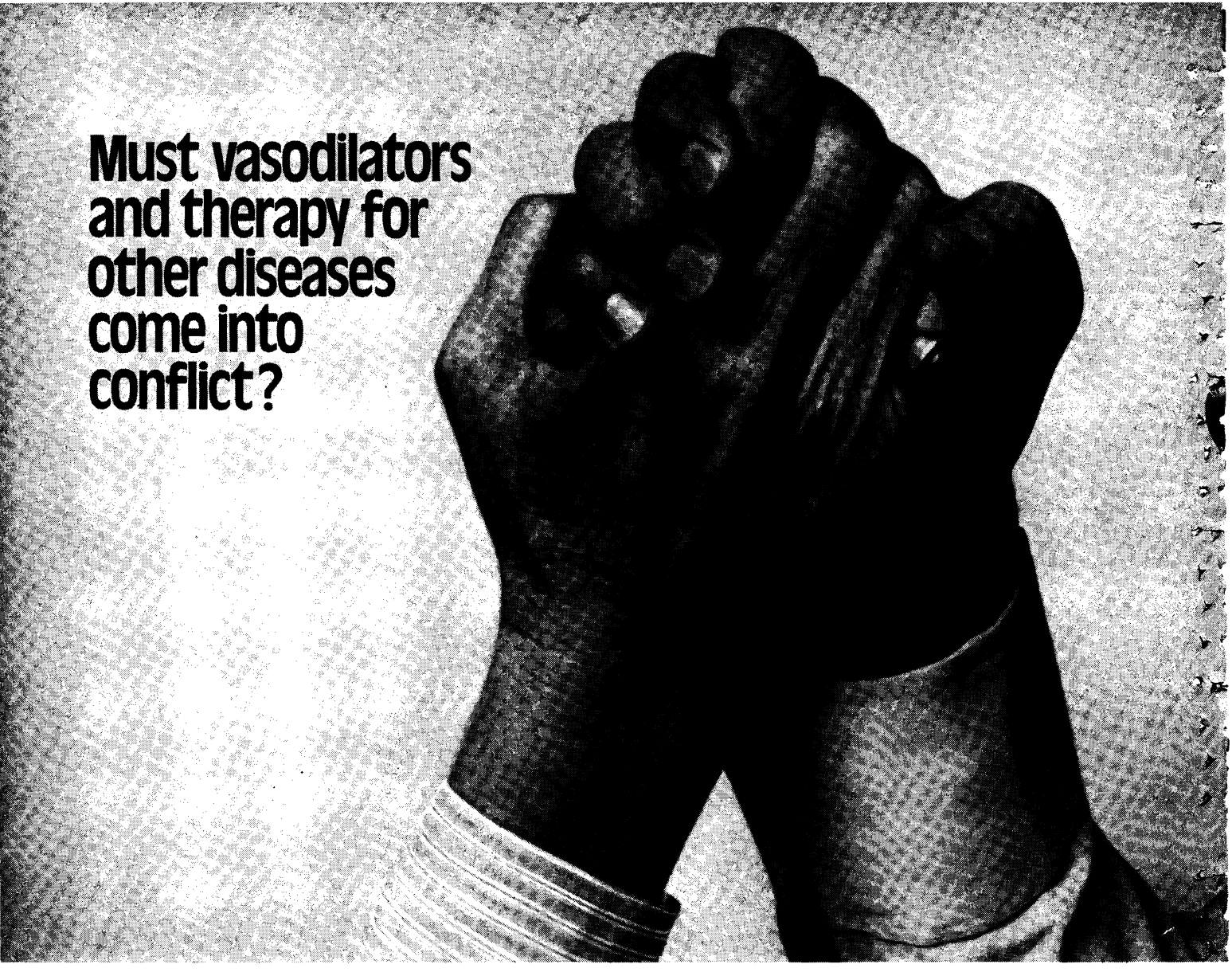
RESIDENCIES AND INTERNSHIPS—Surgery residency positions 1973-74 open. First year residencies in fully approved four year clinically oriented program (non pyramid). Applicants requiring one or more years of General Surgery for subspecialty welcome. Full patient responsibility, supervision by full-time Board Certified General and Thoracic Chairman and Associate Director, with full-time Board Certified Neurosurgeon, Urologist and Anesthesiologist. Board Certified attending staff in plastic and ortho surgery. Salary $12,600 annually; meals. Must be eligible for California License. Contact: Chairman, Department of Surgery, Kern General Hospital, 1830 Flower, Bakersfield, Ca. 93305. Phone (805) 323-7651.

PEDIATRICIAN NEEDED—20 doctor multi-specialty group located in beautiful coastal community halfway between SF and LA. Full partnership offered in 6 months. Contact: Administrator or Harry J. Fryer, MD, San Luis Medical Clinic, 1235 Osos, San Luis Obispo, Ca. 93401, (805) 543-4800.

ANAHEIM, CALIFORNIA, GP'S, ENT, ORTHOPEDIST—Urgently needed. None present in this large established medical center. Five acute hospitals easily accessible. Special rental allowance. Contact: Mr. Allen, (714) 772-7013. 2221 W. Colchester, Anaheim, Ca. 92804.

SOUTHERN CALIFORNIA—$36,000 Guarantee first year, close to skiing, desert, mountains, and beach. All of this for an energetic G.P. wanting to associate with physician in hospital practice. On call one weekend per month. Write: California Medicine, 693 Sutter St., Box 9348, San Francsco, Ca. 94102

(Continued on Page 39)



not if the vasodilator is

VASODILAN®
(ISOXSUPRINE HCl)

the compatible vasodilator... no treatment conflicts reported

The cerebral or peripheral vascular disease patient often has coexisting disease[1] which calls for another drug along with his vasodilator. It may be a hypoglycemic, miotic, antihypertensive, diuretic, anticoagulant, corticosteroid, or coronary vasodilator.

Vasodilan is not incompatible with any of these drugs—no treatment conflict has been reported. And, unlike other vasodilators, Vasodilan has not been reported to affect carbohydrate metabolism, liver function, or intraocular pressure—or to complicate treatment of diabetes, hypertension, peptic ulcer, glaucoma, or liver disease.

In fact, there are no known contraindications to the use of Vasodilan in recommended oral doses, other than that it should not be given in the presence of frank arterial bleeding or immediately postpartum.

1. Gertler, M. M., et al.: Geriatrics *25*:134-148 (May) 1970.

Indications: Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.
3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

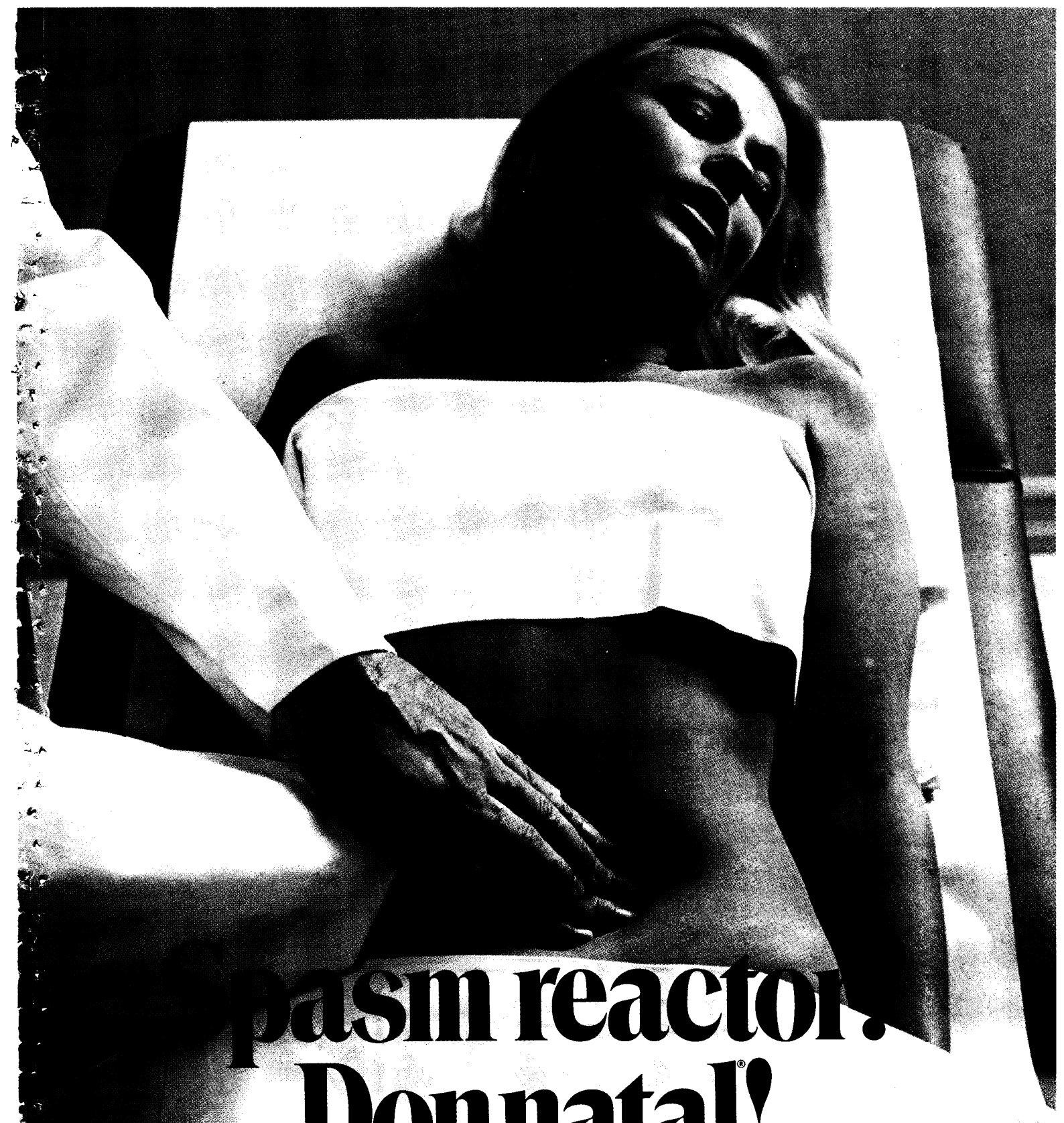
Dosage and Administration: 10 to 20 mg. three or four times daily.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Adverse Reactions: On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

Supplied: Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose; 20 mg.—bottles of 100, 500 and Unit Dose.

Mead Johnson LABORATORIES



pasm reactor? Donnatal®!

	each tablet, capsule or 5 cc. teaspoonful of elixir (23% alcohol)	each Donnatal No. 2	each Extentab
[illegible] sulfate	0.1037 mg.	0.1037 mg.	0.3111 mg.
[illegible]	0.0194 mg.	0.0194 mg.	0.0582 mg.
[illegible] hydrobromide	0.0065 mg.	0.0065 mg.	0.0195 mg.
[illegible]	(¼ gr.) 16.2 mg.	(½ gr.) 32.4 mg.	(¾ gr.) 48.6 mg.
[illegible] be habit forming)			

Brief summary. Adverse Reactions: Blurring of vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur on higher dosage levels, rarely on usual dosage. Contraindications: Glaucoma; renal or hepatic disease; obstructive uropathy (for example, bladder neck obstruction due to prostatic hypertrophy); or hypersensitivity to any of the ingredients.

A·H·ROBINS A. H. Robins Company. Richmond. Virginia 23220

2 ways to provide a daily therapeutic supply of Vitamin C: 15 baked potatoes (skins and all!) or one capsule of Allbee® with C

About 20 mg. Vitamin C in one baked potato (2½" diameter).

To many people the evening meal just isn't complete without potatoes. But your patient would have to eat 15 of them (skins and all!) to get as much Vitamin C as is contained in just one Allbee with C capsule taken daily. A bottle of 30 (month's therapeutic dose) supplies as much ascorbic acid as 450 potatoes, plus full therapeutic amounts of the B-complex vitamins. For the patient who is counting calories, Allbee with C is small potatoes because the B's and C are water soluble. Consider the number of calories in 15 potatoes, not to mention the mountain of butter and sour cream. Albee with C is available at pharmacies in the handy bottle of 30 and the economy size of 100 on your prescription or recommendation.

A. H. Robins Company,
Richmond, Va. 23220

A·H·ROBINS

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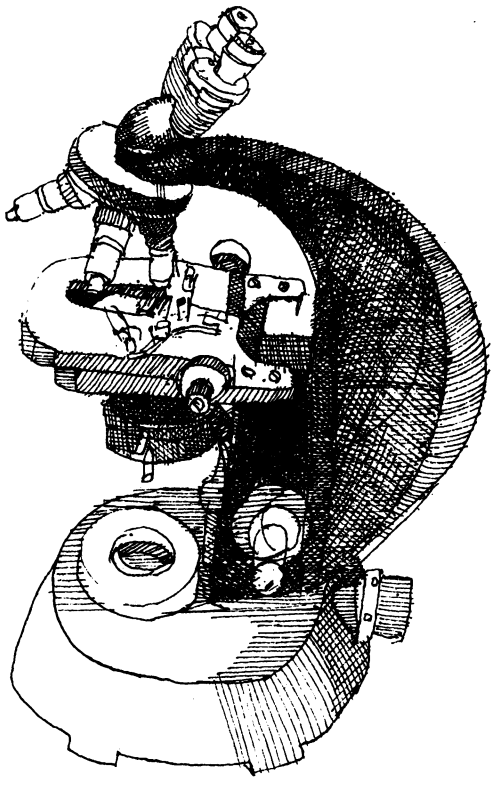

Bank of America has exactly the right financing you may need to start your practice or keep your practice up-to-date with the very latest equipment. We've specialized in financing for the medical and dental professions for more than two decades. We'd like to make this experience available to you.

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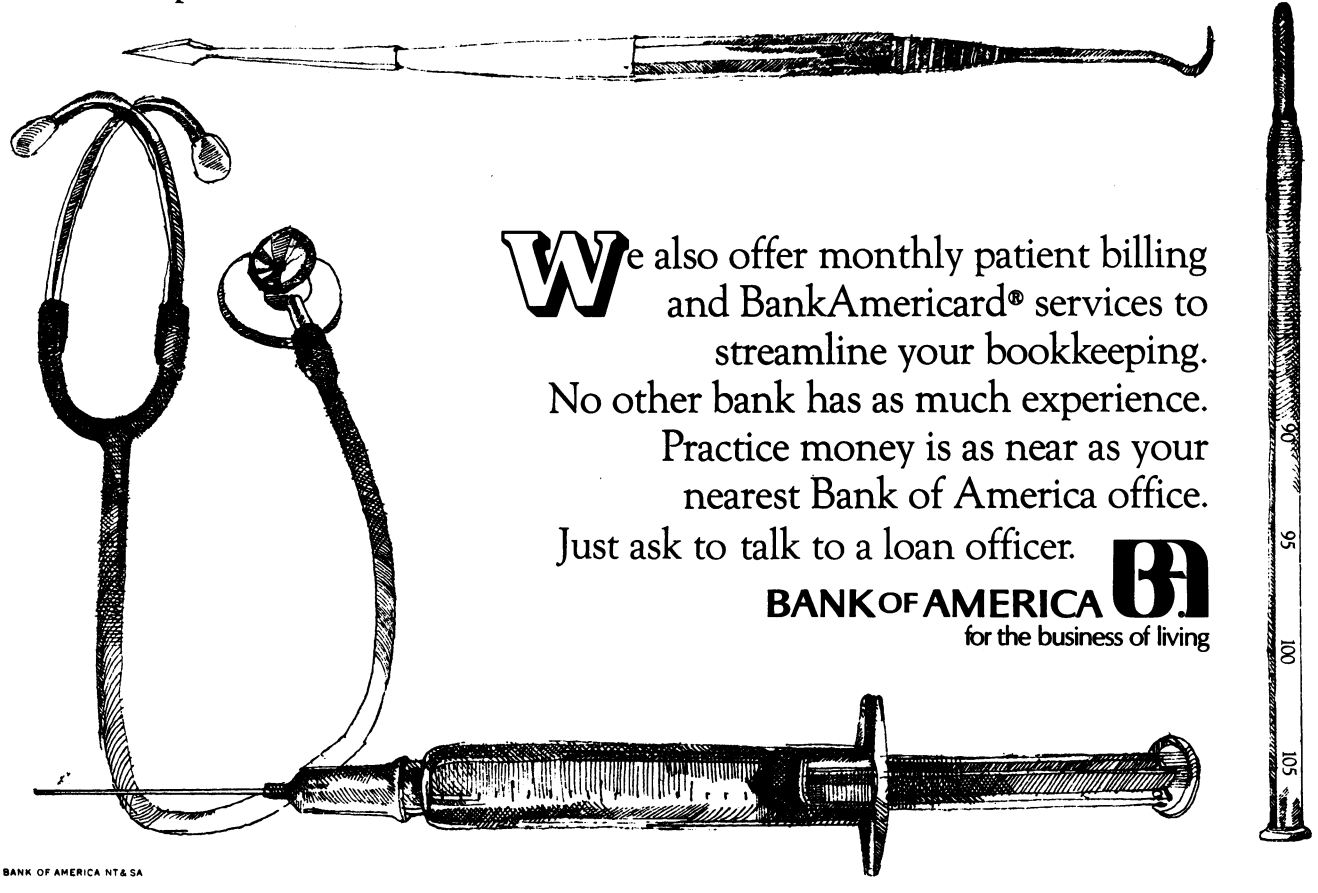

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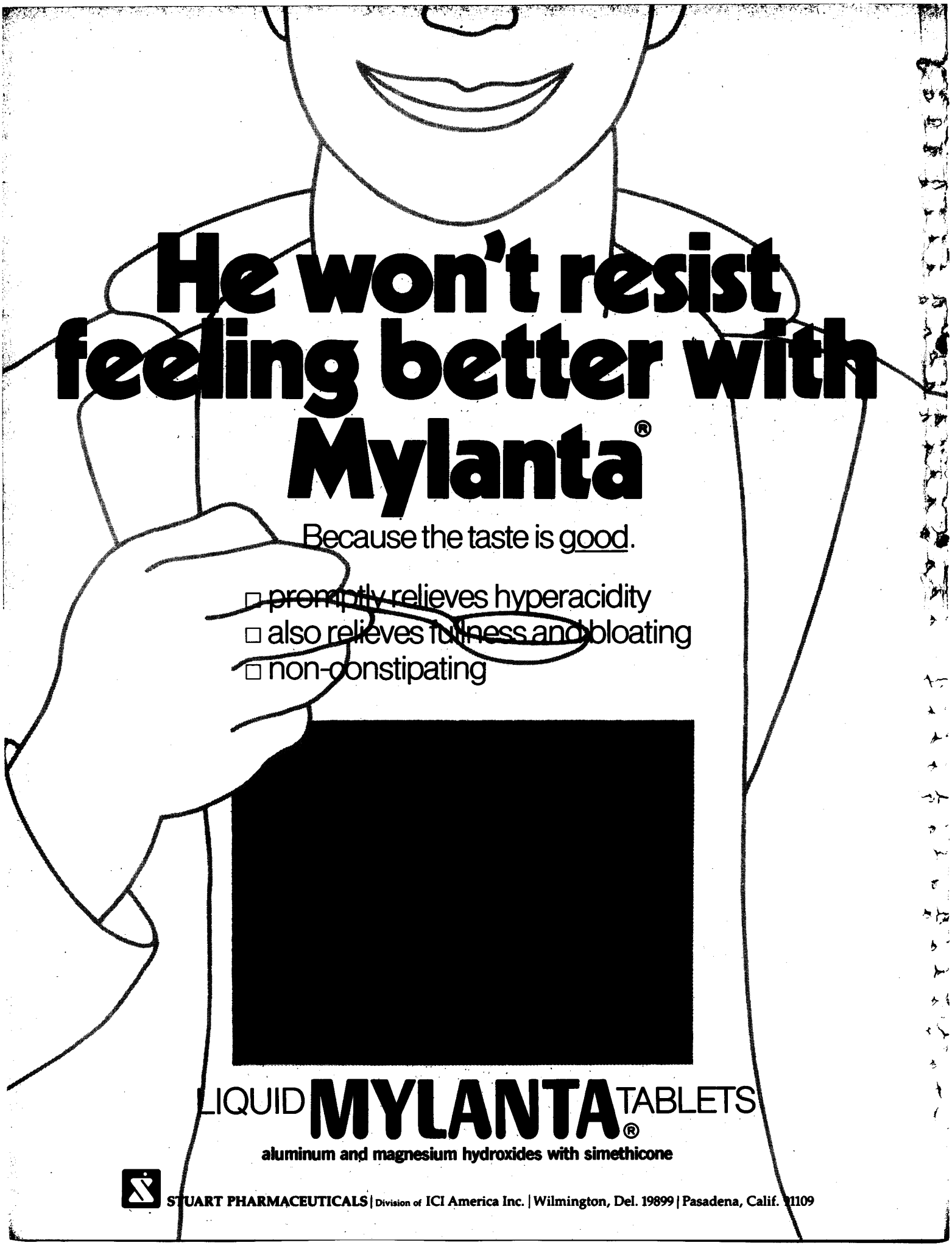
He won't resist feeling better with Mylanta®
Because the taste is good.
□ promptly relieves hyperacidity
□ also relieves fullness and bloating
□ non-constipating
LIQUID MYLANTA TABLETS®
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For patients who can't or won't use the "pill" or an IUD

While no contraceptive is one hundred percent effective, the Ortho All-Flex Diaphragm and Ortho-Gynol Contraceptive Jelly, together, act as a very effective barrier to conception and is a method that is rarely contraindicated.

Ortho All-Flex is designed to provide comfort and reliability and to meet the highest esthetic standards of the most discriminating women.

Ortho All-Flex Diaphragms are made of high quality, long-lasting latex. They won't discolor when used with Ortho-Gynol Contraceptive Jelly or Ortho-Creme* since these contain no phenylmercuric acetates. No introducer is needed; the unique spring-within-a-spring construction forms a perfect arc wherever compressed.

Consider the advantages of prescribing the Ortho All-Flex Diaphragm and Ortho-Gynol when you and your patient decide on the diaphragm and jelly method of conception control.

If you would like a professional fitting-ring set and fitting-procedure brochure, please contact your Ortho representative.

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The Ortho All-Flex* Diaphragm with Ortho-Gynol* Contraceptive Jelly

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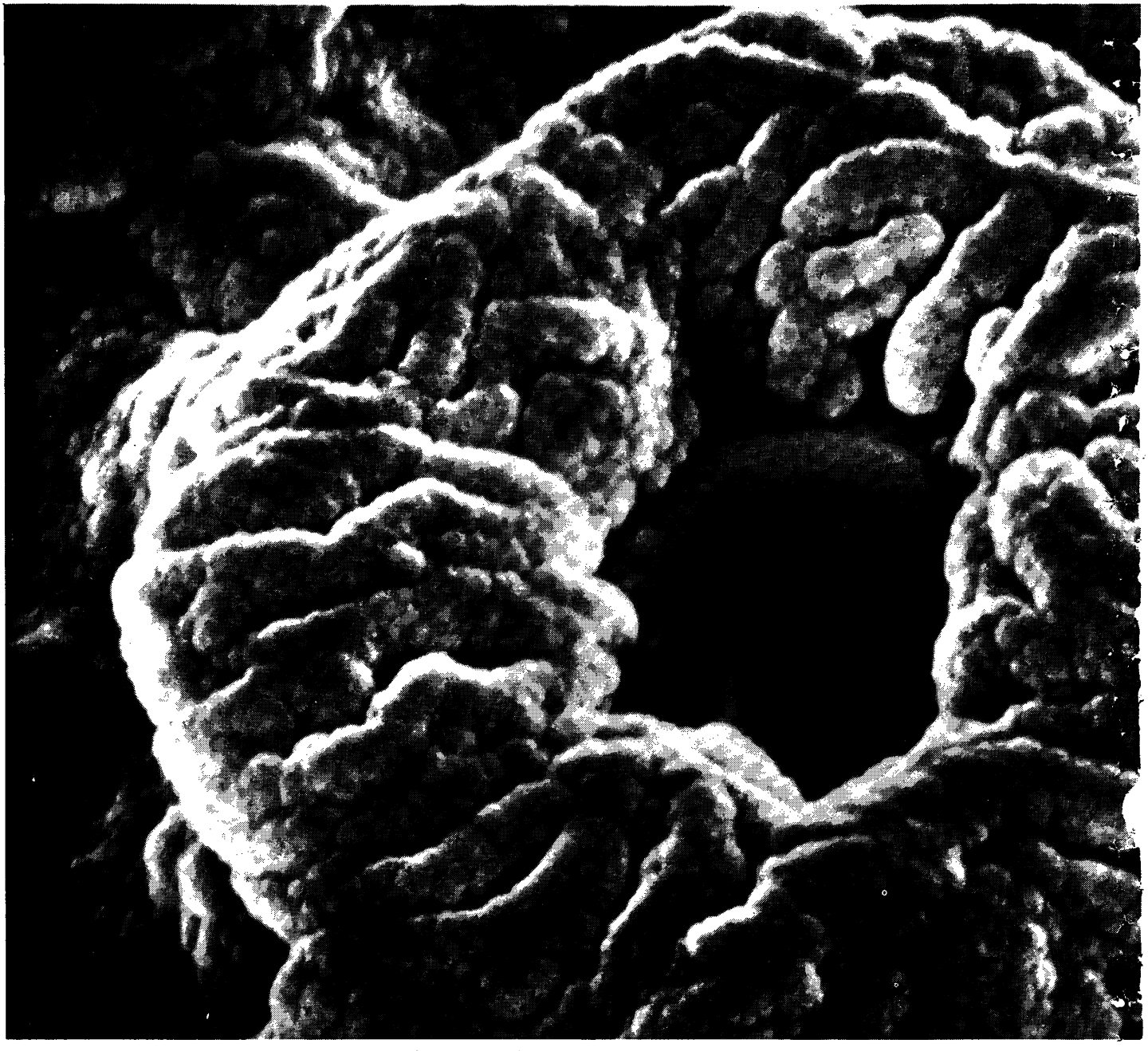
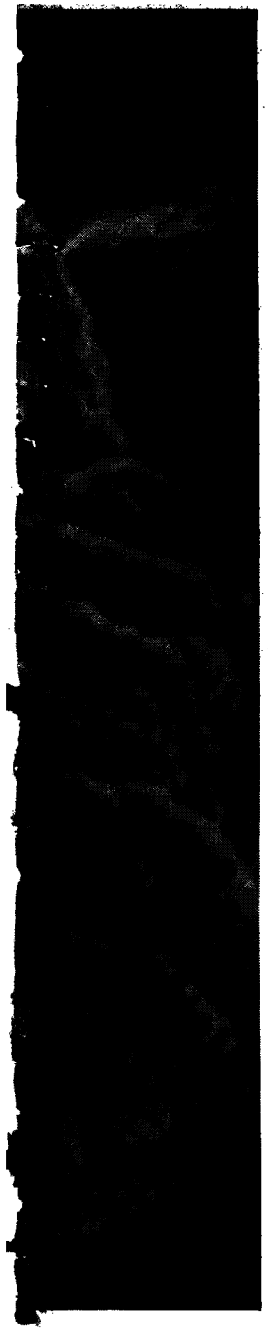


This Scanning Electron Micrograph (7000 ×) is the first 3-dimensional view of a cell in an ulcerated duodenum. The center is completely denuded, surrounded by fairly well-preserved microvilli. Shirley Siew, M.D., has pioneered in this use of SEM to reveal disease processes at the cellular level that may not be perceived with other techniques.



The Tireless Man

whose duodenal ulcer needs a rest

Up early, home late, often with a scratch pad filled with notes, figures, plans. A few hours' sleep and then another long day. This is often the routine of the tireless hard-driver, one-man committee with enough overwork and stress to wear out several men. But his duodenal ulcer may warn him with sharp discomfort that he had better ease up, let some things go, and give himself—and his ulcer—a rest.

The need to reduce G.I. hypermotility and hypersecretion

Overwork together with overanxiety are often principal factors in exacerbating a duodenal ulcer. To help reduce the increased gastric secretions and hypermotility, therapy may need to include treatment for associated undue anxiety—which is where dual-action Librax can be highly useful.

The dual nature of Librax

Only Librax combines, in one capsule, the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory action of Quarzan® (clidinium Br). As an adjunct to a therapeutic regimen, Librax may help relieve both somatic and associated anxiety factors that often contribute to the exacerbation of duodenal ulcer symptoms.

Up to 8 capsules daily in divided doses

For optimal response, dosage should be adjusted to your patient's requirements—1 or 2 capsules, 3 or 4 times daily. *Rx*: Librax #35 for initial evaluation of patient response to therapy. *Rx*: Librax #100 for follow-up therapy—this prescription for 2 or 3 weeks' medication can help maintain patient gains while permitting less frequent visits.

For the anxiety-linked symptoms of duodenal ulcer adjunctive Librax® ROCHE

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.
Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

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Dr. Crawford, you hardly have time to read all the medical journals. Let alone the financial journals.

Does taking care of your patients leave you enough time to take care of your investments? Probably not. Wells Fargo has a special staff of professional investment managers. Men who are as thoroughly trained in their field as you are in yours.

For a moderate fee (which is usually tax-deductible), you can place your assets in their care in the form of a revocable living trust. You can retain as much or as little control as you like. But you'll be relieved of a lot of worry. And a lot of record-keeping. You might even find you have some spare time for a change.

What happens if you get sick? One of the principal advantages of a living trust is that it provides uninterrupted management of your assets. (Even if you're just away on a long vacation, it's good to know that there's someone looking after your investments.)

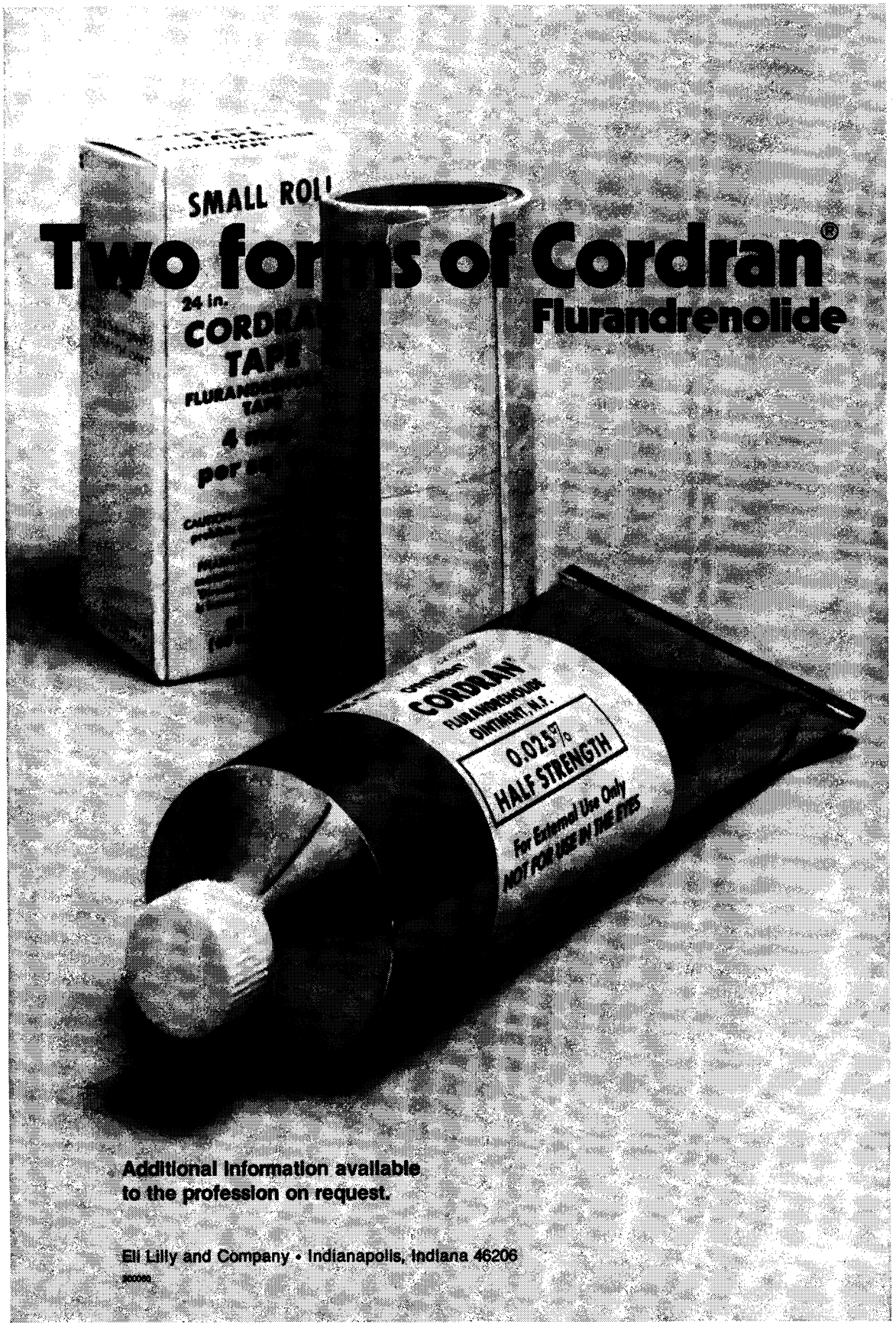
A living trust is also completely flexible. Your assets remain available to you at anytime during your lifetime. Because virtually any kind of property may be added or removed from the trust on your instruction. And the investment objectives or distribution of income can be changed at any time.

How a living trust can supplement a will. In the event of your death, the administration of a living trust can be continued uninterrupted for the benefit of your heirs. The delays —and expense—involved before your will can be probated or your trustees can establish a source of income, are avoided. Equally important, there are a number of ways in which a living trust can help to minimize estate taxes.

Take a little time now. It may save you a lot of time later. Your nearest Wells Fargo Bank will be glad to arrange a meeting with a trust specialist. Or, if you'd like some literature detailing the advantages of living trusts, call Dudley Burton at (213) 683-7040 in Los Angeles. Or Richard Hayman at (415) 396-4246 in San Francisco.

A Wells Fargo Bank living trust. It gives you one thing less to worry about.

Member F. D. I. C.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Empirin Compound with Codeine **No. 3,** codeine phosphate* 32.4 mg. (gr. ½); **No. 4,** codeine phosphate* 64.8 mg. (gr. 1). *Warning—may be habit-forming. Each tablet also contains: aspirin gr. 3½, phenacetin gr. 2½, caffeine gr. ½.

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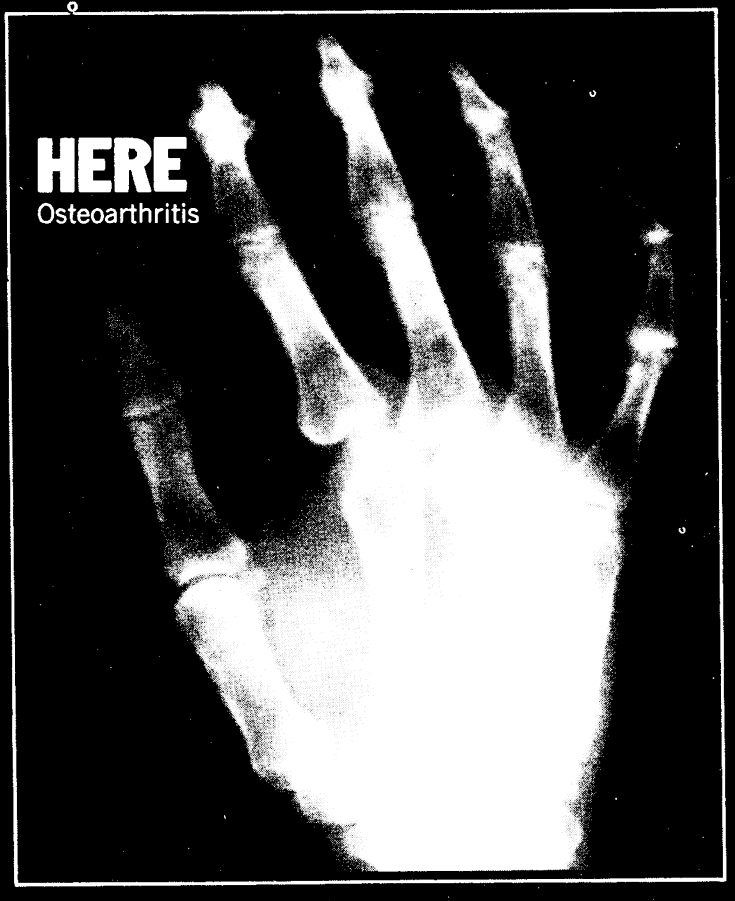

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CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded in part through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses two months in advance to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone (415) 776-9400, ext. 121. Note: Please see Vol. 117 No. 4, October, 1972 issue for a list of organizations approved for Category I Credit towards the CMA Certificate in Continuing Medical Education.

CANCER

June 8—**Cancer Concepts-1973.** American Cancer Society at Hilton Hotel, Fresno. Friday. $20. Contact: Beverly Pollack, 1434 W. Shaw Ave., Fresno 93705.

June 14-16—**Medical Oncology.** USC. Thursday-Saturday.

Continuously—**Tumor Conference.** UCSD at Pickard Auditorium, University Hospital, San Diego. Tuesdays, 4:00 p.m. Contact: Sidney Saltzstein, MD, University Hospital, San Diego. (714) 291-3330, ext. 1071.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 3-4 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, MD, Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 281.

MEDICINE

May 17-19—**Critical Approach to Cardiovascular Therapy.** PMC at Jack Tar Hotel, San Francisco. Thursday-Saturday. 24 hrs.

May 18—**Scientific Sessions for Physicians.** California Heart Assn. at Rickey's Hyatt House, Palo Alto. Friday. $20. 6½ hrs. Contact: Virginia Anable, Admin. Asst., Cal. Heart Assn., 1370 Mission, San Francisco 94103. (415) 626-0123.

May 23—**Symposium on Congenital Heart Disease.** LLU. Wednesday. $30.

June 8—**Neurology for the Internist.** USC. Friday.

June 12—**Blood Gas Volume.** USC. Tuesday.

June 13—**Pacemakers.** USC. Wednesday.

June 22-23—**Electrocardiography.** UCSF. Friday-Saturday.

July 23-26—**Dermatology—Postgraduate Conference on Mycology.** STAN. Monday-Thursday.

July 26-28—**Hemodialysis Patient: Advances in Medical and Surgical Care.** UCLA at Newporter Inn, Newport Beach. Thursday-Saturday.

August 12-15—**Annual Internal Medicine Seminar.** UCLA at University Conference Center, Lake Arrowhead. Sunday-Wednesday.

October 3—**George C. Griffith Scientific Lecture—6th Annual.** Los Angeles County Heart Assn. at Hilton Hotel, Los Angeles. Wednesday. Contact: Shahidullah Khan, LACHA, 2405 W. 8th St., Los Angeles 90057. (213) 385-4231.

October 3-4—**Los Angeles County Heart Association Fall Symposium—41st Annual.** Hilton Hotel, Los Angeles. Wednesday-Thursday. Contact: Shahidullah Khan, LACHA, 2405 W. 8th St., Los Angeles 90057. (213) 385-4231.

October 5-6—**Western Industrial Medicine Association.** See Of Interest to All, October 5-6.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, MD, Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, MD, Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 563-4321.

STAN: Stanford University
Contact: Edward Rubenstein, MD, Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, MD, Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California, California College of Medicine, Irvine
Contact: Donald W. Shafer, MD, Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine—California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, MD, Director, Continuing Education in Medicine and the Health Sciences. P.O. Box 24902, UCLA, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego
Contact: Richard A. Lockwood, MD, Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.

UCSF: University of California, San Francisco
Contact: Seymour M. Farber, MD, Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.

USC: University of Southern California
Contact: Phil R. Manning, MD, Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

October 10-12—**Physiological Approach to Management of Valvular and Ischemic Heart Disease.** UCLA. Wednesday-Friday.

October 11-14—**California Society of Internal Medicine—Annual Meeting.** Bahia Hotel, San Diego. Thursday-Sunday. Contact: Carol Handley, Exec. Sec., CSIM, 703 Market St., Suite 1412, San Francisco 94103. (415) 362-1548.

October 18-20—**Sacramento-Yolo-Sierra County Heart Association Scientific Symposium.** Cal-Neva Lodge, North Lake Tahoe. Thursday-Saturday. Contact: Harold M. Lowe, M.D., Pres., P.O. Box 16011, Sacramento 95816. (916) 444-8650.

October 18-20—**Heart Disease: Practical Diagnosis and Management.** UCSD at Town and Country Hotel, San Diego. Thursday-Saturday.

October 21-27—**American College of Gastroenterology.** Biltmore Hotel, Los Angeles. Sunday-Saturday. Contact: Mr. Daniel Weiss, Exec. Dir., ACG, 299 Broadway, New York, N.Y. 10007.

October 26-27—**Internal Medicine Symposium—Pulmonary Disease and Infectious Disease.** Southern Calif. Permanente Medical Group at Century Plaza Hotel, Los Angeles. Friday-Saturday. Contact: Shirley Gach, Dept. of Education and Research. So. Calif Permanente Med. Grp., 4900 Sunset, Room 6014, Los Angeles 90027.

November 2-4—**Cardiology 1973.** University of Hawaii School of Medicine at Princess Kaiulani Hotel, Honolulu. Friday-Sunday. Contact: T. K. Lin, MD, Univ. of Hawaii Sch. of Med., Honolulu, Hawaii.

November 5-14—**Cardiology for the Consultant.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. 10 days. Contact: Miss Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 22014. (301) 530-1600.

December 6-8—**Advances in Heart Disease 1974.** UCD at Hilton Hotel, San Francisco. Thursday-Saturday.

Continuously—**Clinical Conferences.** UCSF and Community Hospital of Santa Cruz at Community Hospital of Santa Cruz, Santa Cruz. October 1972 through June 1973: June 13—Management of Inflammatory Bowel Disease. $45 for the series, $7 per lecture.

Continuously—**Continuing Medical Education Program.** Midway Hospital, Los Angeles, Mondays, 8:00-9:00 a.m. October, 1972—June, 1973. Contact: Mr. Ira R. Alpert, Assoc. Admin., Midway Hosp., 5925 San Vicente Blvd., Los Angeles 90019. (213) 938-3161.

Continuously—**Differential Diagnosis in Internal Medicine.** USC. September, 1972 through May, 1973, on the fourth Thursday of each month.

Continuously—**Cardiology for the Consultant.** USC. October, 1972 through June, 1973, Wednesdays.

Continuously—**Renal Dialysis Traineeships.** UCSF. By special arrangement.

Continuously—**Preceptorships in Biochemistry and Biophysics.** UCSF. By arrangement.

Continuously—**Clinics in Dermatology.** UCSF. By arrangement.

Continuously — **Cardiovascular Seminars.** Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.

Continuously—**Preceptorships in Cardiology.** American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, MD, PMC; or Miss Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

Continuously—**Biomedical Lecture Series.** UCSD. Specified Wednesday at 8:00 p.m. For schedule contact UCSD.

Continuously—**Joint Continuing Medical Education Programs for South Bay Hospitals.** UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals; May 15—Infections and Antibiotics. Coronado Hospital. Contact: UCSD.

Continuously—**Neurology Conference.** San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Renal Conference.** San Joaquin General Hospital, Stockton. First Thursday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Wednesday of each month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three-hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, MD, Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, MD, LLU.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12:00-1:00 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, MD, Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**EKG Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Cardio-angiography Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $125 (52 issues). Contact: USC.

Continuously—**Cardiology Conferences — CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., MD, 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

10:30-12:00 noon, Room 63-105, UCLA Medical Center. UCLA. Second, Third, and Fourth Thursdays.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

Fridays

8:00 a.m., Auditorium, First Floor, Kern County General Hospital, Bakersfield. UCLA.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. UCLA. Second and Fourth Fridays.

Neurology. 8:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 8:30 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. UCLA.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

MENTAL RETARDATION

May 18-19—**The Mentally Retarded Adult in the Community; Fact or Fiction?** UCSF. Friday-Saturday. 1 unit University Extension credit. $35.

OBSTETRICS AND GYNECOLOGY

May 23-24—**Endocrinology in Obstetrics.** USC. Wednesday-Thursday.

June 16-22—**Family Planning.** See Of Interest to All, June 16-22.

August 8-12—**Annual Obstetrics and Gynecology Seminar.** UCLA at University Conference Center, Lake Arrowhead. Wednesday-Sunday.

Continuously—**Preceptorships in Obstetrics and Gynecology—Aspiration Abortion.** UCSF. By arrangement.

Continuously—**Ob/Gyn Conference.** San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Women's Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

May 16-18—**Ambulatory Pediatric Association—Annual Meeting.** Hilton Hotel, San Francisco. Wednesday-Friday. Contact: E. S. Hillman, MD, Secy., APA, 2300 Tupper, Montreal, Canada. (514) 937-8511, ext. 377.

May 16-20—**American Pediatric Society.** Hilton Hotel, San Francisco. Wednesday-Sunday. Contact: Charles D. Cook, MD, Sec.-Treas., APS, 333 Cedar St., New Haven, Conn. 06510.

May 16-20—**Society for Pediatric Research.** Hilton Hotel, San Francisco. Wednesday-Sunday. Contact: Robert Greenberg, MD, Charles R. Drew Postgraduate Medical School, 1620 E. 119th St., Los Angeles 90059.

May 21-25—**Review of Pediatrics.** USC. Monday-Friday.

May 31-June 2—**Annual Pediatric Course.** UCSF. Thursday-Saturday.

June 15—**Annual Premature Day.** STAN. Friday.

September 19-20—**Brennemann Memorial Lectures—30th Annual.** Los Angeles Pediatric Society at Sportsmen's Lodge, North Hollywood. Wednesday-Thursday. 8 hours. Contact: Mrs. Eve Black, Exec. Secy., LAPS, P.O. Box 2022, Inglewood 90305. (213) 757-1198.

Continuously—**Perinatal Conference.** Earl and Loraine Miller Children's Hospital, Long Beach. Fridays, 12:30 p.m., Conference Room. Contact: Marguerite Markarian, MD, Dir. of Nurseries, Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach 90801. (213) 595-3261.

Continuously—**Pediatric Clinical Conference.** Earl and Loraine Miller Children's Hospital, Long Beach. Fridays, 8:00 a.m., Conference Room "H." Contact: Harry W. Orme, MD, Med. Dir., Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach 90801. (213) 595-3228.

Continuously—**Preceptorships in Pediatrics.** UCSF. By arrangement.

Continuously—**Pediatric Cardiology Conference.** UCSD, Third Floor Conference Room, University Hospital. Clinical review of cases planned for the week, Tuesdays at 7:30 a.m.; Clinical review of data obtained, Fridays at 1:30 p.m. Contact: UCSD.

Continuously—**Pediatric Research Seminar.** UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—**Pediatrics Clinical Conference.** San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric-Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric Conference.** Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, MD, Lebanon Hall, Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Children's Hospital Medical Center, Oakland.

8:00 a.m., Auditorium, Pediatric Pavilion, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. UCLA.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Children's Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Children's Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Children's Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Children's Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

May 19—**Sexual Problems in a Medical Practice.** See Of Interest to All, May 19.

June 25-29—**Comparative Psychotherapies.** USC Division of Psychiatry at Hotel del Coronado, Coronado. Monday-Friday. $100. 20 hrs.

Continuously—**Group Methods.** VA Mental Health Clinic and UCSF at VA Mental Health Clinic, Oakland. April 4-June 6, Wednesdays.

Continuously—**Preceptorships in Psychiatry.** UCSF. By arrangement.

Continuously—**Southern California Psychiatric Society—Monthly Scientific Program.** SCPS at UCLA—NPI. Second Monday of June, September, November, December 1973. 8:00 p.m. Contact: Pamela Underwood, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210. (213) 271-7219.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY AND PATHOLOGY

June 30-July 1—**Medical Diagnostic Ultra-Sound: Theory and Practice.** UCLA. Saturday-Sunday.

September 16—**Radiology Symposium—Acquired Health Disease.** Southern Calif. Permanente Medical Group at Beverly Hilton Hotel, Los Angeles. Sunday. Contact: Shirley Gach, So. Calif. Permanente Med. Grp., Dept. of Education and Research, 4900 Sunset, Room 6014, Los Angeles 90027.

Continuously—**Cytopathology Tutorial Program.** UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, MD, Dept. of Pathology, UCSF. (415) 666-2919.

Continuously — **Orange County Radiological Society — Film Reading Sessions.** Orange County Medical Center, Orange. First Tuesday of each month, 7:30-9:00 p.m., September, 1972-June, 1973. Contact: Edward I. Miller, MD, Program Chairman, OCRS, 301 Newport Blvd., Newport Beach 92660. (714) 645-8600.

Continuously—**UCSF Radiology Rounds, Seminars and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two-part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One- or two-day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. $50. Contact: UCSF.

Continuously — **Scintiphotograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. $175. Contact: UCSF.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

SURGERY AND ANESTHESIOLOGY

May 16-18—**Western Orthopedic Association, Northern California Chapter.** Del Monte Lodge, Pebble Beach. Wednesday-Friday. Contact WOA, N. Calif. Chapter, 145 Kimberlin Heights Dr., Oakland. (415) 531-1288.

May 17-18—**Surgery.** USC. Thursday-Friday.

June 7-8—**Highlights of Modern Ophthalmology.** PMC. Thursday-Friday. $150.

June 7-10—**California Society of Anesthesiologists—Annual Meeting.** Disneyland Hotel, Anaheim. Thursday-Sunday. $50; $75 for non-members. 19 hrs. Contact: N. R. Catron, Exec. Sec., 100 S. Ellsworth Ave., Suite 411, San Mateo 94401. (415) 343-4644.

June 10-11—**International ENT Conference.** UCSF. Sunday-Monday. $100. 14 hrs.

June 16—**Ophthalmology Postgraduate Course.** STAN. Saturday.

June 17-29—**Temporal Bone Surgical Dissection Course.** Los Angeles Foundation of Otology. 13 days. $1,000 ($750 for residents). Contact: Jack L. Pulec, MD, LAFO, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

July 26-28—**Hemodialysis Patient: Advances in Medical and Surgical Care.** See Medicine, July 26-28.

August 3-5—**Anesthesiology—Annual Postgraduate Seminar.** UCLA at University Conference Center, Lake Arrowhead. Friday-Sunday.

August 15-19—**Urology—Advanced Seminar.** UCLA at University Conference Center, Lake Arrowhead. Wednesday-Sunday.

October 7-11—**American Society of Anesthesiologists—Annual Meeting.** Hilton Hotel, San Francisco. Sunday-Thursday. Contact: Mr. John Andes, Exec. Sec., ASA, 515 Busse Highway, Park Ridge, Ill. 60068.

October 7-19—**Temporal Bone Surgical Dissection Course.** Los Angeles Foundation of Otology at 2130 W. Third St., Los Angeles. 13 days. $1,000; $750 for residents. Contact: Jack L. Pulec, MD, LAFO, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

October 21-25—**Western Orthopedic Association.** Town and Country Hotel, San Diego. Sunday-Thursday. Contact: Miss Vi Mathiesen, Exec. Sec., WOA, 354 21st St., Oakland 94612. (415) 893-1257.

November 3—**Anesthesiology Symposium.** Southern Calif. Permanente Medical Group at Airport Marina Hotel, Los Angeles. Saturday. Contact: Shirley Gach, So. Calif. Permanente Med. Grp., Dept of Education and Research, 4900 Sunset, Room 6014, Los Angeles 90027.

November 13-15—**Femur, Injuries and Complications.** American Academy of Orthopaedic Surgeons at El Mirador Hotel, Palm Springs. Tuesday-Thursday. Contact: Marvin H. Meyers, MD, 1200 N. State St., Los Angeles 90033.

November 30-December 2—**Electronstagmography.** PMC at Mark Hopkins Hotel, San Francisco. Friday-Sunday. $275. 24 hrs.

December 5-8—**Life Saving Measures for the Critically Injured.** San Francisco General Hospital, Surgical Service, Committee on Trauma, American College of Surgeons at Hyatt House Hotel, San Francisco. Wednesday-Saturday. $125. 18 hrs. Contact: F. William Blaisdell, M.D., Chief of Surgical Service, S.F. General Hospital, San Francisco. (415) 648-8200, ext. 465.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. 4th Wednesday of each month. 9:00 a.m.-10:30 a.m. Contact: J. David Bernard, MD, Dir. Med. Ed., San Joaquin General Hospital, Stockton 95201. (209) 982-1800.

Continuously—**Los Angeles Urological Society.** At LACMA. March through December 1973. First Tuesday of each month. Contact: Ann P. Sire, Exec. Secy., P.O. Box 1974, Altadena 91001. (213) 225-3115, ext. 1411.

Continuously—**Orthopedic Trauma Conference.** USC at Los Angeles County-USC Medical Center. Mondays, 7:00-9:00 p.m. Contact: Dept. of Orthopedics, USC School of Med., 2025 Zonal Ave., Los Angeles 90033. (213) 225-3131.

Continuously—**Preceptorships in General Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Neurological Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Urology.** UCSF. By arrangement.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, MD, LLU.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Medical Surgical Combined Conference.** San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate $72 ($50 for residents). Contact: J. Tonn, Man. Ed., OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m., San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. UCLA.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and **Neurosurgery.** 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1:00-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA.

Orthopedics. 10:00 a.m. Auditorium of the Children's Division, Los Angeles County-USC Medical Center. The third Saturday of each month. USC.

OF INTEREST TO ALL PHYSICIANS

May 17-19—**Ear, Nose and Throat for General Practitioners.** UCSF. Thursday-Saturday.

May 19—**Nutrition and Mental Development.** UCSF. Saturday.

May 19—**Sexual Problems in a Medical Practice.** USC Division of Psychiatry. Saturday. $30. 6 hrs.

May 23-25—**Emergency Medical Care.** CMA Comm. on Emerg. Med. Care and Cont. Med. Ed., CHA, Cal. Ambulance Assn., USC Dept. of Emerg. Med., Am. College of Emerg. Physicians, Cal. Chapter, at Sahara Tahoe Hotel, Lake Tahoe. Wednesday-Friday. Contact: Richard Manley, CMA.

June 2—**Update Venereal Disease: Epidemiology, Treatment and Socio-Cultural Factors.** UCLA. Saturday.

June 2—**Stanford Alumni Reunion Day—Clinical Sessions.** STAN. Saturday.

June 7-10—**Teaching Physicians to Teach.** UCD Division of Family Practice. Thursday-Sunday.

June 8-9—**Current Legal Issues for Physicians.** UCSF. Friday-Saturday.

June 8-10—**Life Sciences Symposium.** St. Mary's Hospital and the Dominican College of San Rafael at Dominican College, San Rafael. Friday-Sunday. Contact: St. Mary's Hospital and Medical Center, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

June 9-10—**Postgraduate Symposium—Seventeenth Annual.** California Academy of Family Physicians, San Diego Chapter, at Hotel del Coronado, Coronado. Saturday-Sunday. Contact: Vernon F. Perrigo, MD, 278 Avocado, El Cajon 92020.

June 16-22—**Family Planning.** UCLA and American College of Obstetricians and Gynecologists at UCLA. One week. Contact: Irvin Cushner, MD, Dept. of Ob-Gyn, UCLA Sch. of Med., The Ctr. for the Health Sciences, Los Angeles 90024. (213) 825-1046.

June 19-20—**Drug Therapy and Pharmacology.** USC. Tuesday-Wednesday.

July 1-5—**Annual Seminar for Family Practitioners.** UCLA at University Conference Center, Lake Arrowhead. Sunday-Thursday.

July 2-September 14—**Basic Science Course.** STAN. 11 weeks.

July 22-27—**Flying Physicians Association.** Sheraton-Harbor Island Hotel, San Diego. Sunday-Friday. Contact: Albert Carriere, 801 Green Bay Rd., Lake Bluff, Ill. 60044.

July 27-29—**Clinical Hypnosis and Hypnotherapy.** American Society of Clinical Hypnosis at St. Francis Hotel, San Francisco. Friday-Sunday. Contact: F. D. Nowlin, Exec. Sec., ASCH, 800 Washington Ave., SE., Minneapolis, Minn. 55414. (612) 331-9452.

July 30-August 3—**American Academy of Clinical Toxicology.** Hilton Hotel, San Diego. One week. Contact: Donald G. Corby, MD, Clinical Investigation Service, OMS Box 588, Fitzsimmons Gen. Hospital, Denver, Colo. 80240.

August 9-22—**Postgraduate Refresher Course—16th Annual.** USC at Sheraton Waikiki Hotel, Honolulu. Two weeks.

August 27-31—**Family Practice.** UCD at Olympic Village, Squaw Valley. Monday-Friday.

September 4-9—**Family Practice.** UCI at Newporter Inn, Newport Beach. Tuesday-Sunday. $160. 44 hrs.

September 22-26—**Pan American Medical Women's Alliance—13th Congress.** Sir Francis Drake Hotel, San Francisco. Wednesday-Sunday. Contact: Marjory C. Folinsbee, MD, 33 Park Hill, San Francisco 94117. (415) 431-8285.

October 2-November 27—**Evening Lectures in Medicine.** UCSF at Oakland Hospital, 27th Ave. and E. 14th St., Oakland. Tuesdays, 8:00-10 p.m. $60. 16 hrs. Subjects include skin tumors, venereal disease, fluid balance, hepatitis, cancer, and other topics of general interest.

October 5-6—**Western Industrial Medicine Association.** St. Francis Hotel, San Francisco. Friday-Saturday. Contact: Mr. B. H. Bravinder, P.O. Box 201, Alamo 94507.

October 29-November 2—**Intensive Care.** STAN. Monday-Friday.

December 5-8—**Life Saving Measures for the Critically Injured.** See Surgery, December 5-8.

Continuously—**Family Health Program—Southern California.** 2925 N. Palo Verde, Long Beach. Second Friday of each month. 1:00-2:00 p.m. Contact: UCI.

Continuously—**"Round Robin" Hospital Lectures.** UCI and American Medicorp at Garden Park Hospital, Anaheim; Hartland Hospital, Baldwin Park; Imperial Hospital, Hawthorne; La Mirada Hospital, La Mirada; San Gabriel Valley Hospital, San Gabriel; Stanton Community Hospital, Stanton; Studebaker Community Hospital, Norwalk; West Anaheim Community Hospital, Anaheim; Westminster Community Hospital, Westminster. Contact: UCI.

Continuously—**Hospital Lecture Program.** UCI at Mission Community Hospital, Mission Viejo; Huntington Intercommunity Hospital, Huntington Beach; Fairview State Hospital, Costa Mesa; Metropolitan State Hospital, Norwalk; South Coast Community Hospital, Laguna Beach. Contact: UCI.

Continuously—**Lecture Program.** Riverside-San Bernardino Chapter, American Academy of Family Physicians and UCI at Ram's Horn Inn, San Bernardino. 3rd Thursday of each month. 7:30 p.m. Contact: UCI.

Continuously—**Professional Education Program.** Porterville State Hospital. Contact: Frank McCarry, MD, P.O. Box 2000, Porterville. (209) 784-2000.

Continuously—**The Care of the Critically Ill Patient.** Merced-Mariposa County Medical Society and STAN at Merced General Hospital, Merced. April 1972 through June 1973. 9:00-11:00 a.m. $25. Contact: Mrs. Iva D. Rutledge, Exec. Secy., P.O. Box 549, Merced 95340.

Continuously—**Workshops for Family Physicians.** UCSD and RMP Area VII. November 1972 through May 1973. First and Second Wednesday of each month. 7:00-10:30 p.m. $25 per lecture. 7 hrs. each.

Continuously—**Round Tables with Pacific Medical Center.** PMC and Sonoma Valley Hospital at Sonoma Valley Hospital, Sonoma. Second Monday of each month in Dining Room of the hospital, 8:00-10:00 p.m. $100 per series, $15 per session. Contact: William J. Newman, MD, P.O. Box B, Sonoma 95476. (707) 996-3621.

Continuously—**Basic Science Lecture Series.** UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—**Audio-Digest Foundation.** A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. $75 per year. Contact: Mr. Claron L. Oakley, Editor, Suite 700, 1930 Wilshire Blvd., Los Angeles 90057. (213) 483-3451.

Continuously—**Medical Media Network.** Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Mrs. David E. Caldwell, Exec. Dir., MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.

Continuously—**Stanford Speaker's Bureau for Environmental Topics.** Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and others. Contact: STAN.

Continuously—**Stanford-Mills Memorial Hospital Continuing Education Program.** STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

Decubitus Ulcers Yield to

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Before treatment, necrotic matter coated the inner surfaces of this decubitus ulcer.

After six days of TRAVASE therapy, debridement is nearly complete and granulation evident.

Adjunctive Therapy—Observe for Effects in 48 hours
When the recommended nursing technique is followed without deviation, this procedure can generate visible improvement within 48 hours of treatment. If no dissolution of slough occurs by then, further application is unlikely to be rewarding (recheck for breaks in procedure, usually due to use of cleansing or antiseptic agents which block the effectiveness of the enzymes in TRAVASE).

Clinical observation and photos by [illegible] Oldham, M.D., [illegible]

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Travase® Ointment brand of Sutilains

APPLICATION TECHNIQUE: TRAVASE Ointment is indicated as an adjunct to established methods of wound care for biochemical debridement. It dissolves and facilitates the removal of necrotic tissues and purulent exudates.

TRAVASE enzymes are selective. Virtually inactive on viable tissue.

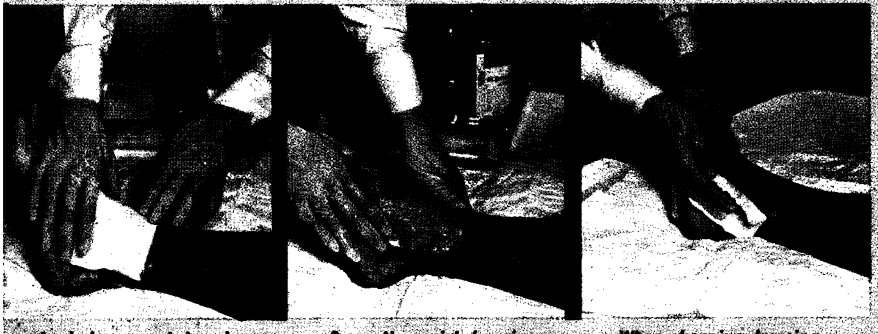
When this recommended nursing technique is followed without deviation, this procedure can generate visible improvement within 48 hours . . .

(Ulcer being irrigated) Thoroughly cleanse and irrigate the wound area using only sterile water or sodium chloride solution. Be sure to cleanse the wound of any antiseptics or heavy-metal antibacterial agents which may interfere with the enzyme activity.

Thoroughly soak the wound area. Where practical, tubbing or showering is suitable. Or wet soaks with gauze pads may be used. Remember to avoid chemical cleansing agents which may interfere with the therapy.

With a sterile cotton swab or finger cot, apply a very thin layer of TRAVASE Ointment. The ointment spreads easily and only a small amount is needed (a small dab of ointment will cover an area as big as the back of a hand).

Be sure, though, to rub the ointment well into every crack or crevice of the wound and overlap the surrounding skin one-fourth to one-half inch beyond the area to be debrided—to be sure of complete coverage.



Apply loose, wet dressings, thoroughly soaked in sodium chloride solution or sterile water to the area to be debrided only.

Cover the moist dressings with an occlusive wrap (Saran wrap, Telfa Pads, or other plastic wrappings) to keep wound site moist. Do not extend occlusive wrap over ½ inch beyond area to be debrided.

When changing dressing, gently wipe away the dissolved material. Repeat the complete dressing procedure, including application of TRAVASE Ointment, four times daily.

The ulcer shown in these photos is simulated on a model in order to demonstrate the correct TRAVASE application technique.

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Please send:

_____ Additional Information on TRAVASE® Ointment (brand of Sutilains)

_____ In-service training program

_____ Comment

DESCRIPTION: TRAVASE® (brand of sutilains) Ointment is a sterile preparation of proteolytic enzymes, elaborated by bacillus subtilis, in a hydrophobic ointment base consisting of 95% white petrolatum and 5% polyethylene. One gram of ointment contains approximately 32,000 casein units* of proteolytic activity.

ACTION: TRAVASE Ointment selectively digests necrotic soft tissues by proteolytic action. It dissolves and facilitates the removal of necrotic tissues and purulent exudates that otherwise impair formation of granulation tissue and delay wound healing (4).

At body temperatures these proteolytic enzymes have optimal activity in the pH range from 6.0 to 8.8.

INDICATIONS: For wound debridement (1,2)—TRAVASE Ointment is indicated as an adjunct to established methods of wound care for biochemical debridement of the following lesions:

Second and third degree burns,
Decubitus ulcers,
Incisional, traumatic, and pyogenic wounds,
Ulcers secondary to peripheral vascular disease.

CONTRAINDICATIONS: Application of TRAVASE (brand of sutilains) Ointment is contraindicated in the following conditions:

Wounds communicating with major body cavities,

Wounds containing exposed major nerves or nervous tissue,

Fungating neoplastic ulcers,

Wounds in women of child-bearing potential—because of lack of laboratory evidence of effects of TRAVASE upon the developing fetus.

WARNING: Do not permit TRAVASE Ointment to come into contact with the eyes. In treatment of burns or lesions about the head or neck, should the ointment inadvertently come into contact with the eyes, the eyes should be immediately rinsed with copious amounts of water, preferably sterile.

PRECAUTIONS: A moist environment is essential to optimal activity of the enzyme. Enzyme activity may also be impaired by certain agents. In vitro, several detergents and antiseptics (benzalkonium chloride, hexachlorophene, iodine, and nitrofurazone) may render the substrate indifferent to the action of the enzyme (3). Compounds such as thimerosal, containing metallic ions interfere directly with enzyme activity to a slight degree, whereas neomycin, sulfamylon-streptomycin, and penicillin do not affect enzyme activity. In cases where adjunctive topical therapy has been used and no dissolution of slough occurs after treatment with TRAVASE Ointment for 24 to 48 hours, further application, because of interference by the adjunctive agents, is unlikely to be rewarding.

In cases where there is existant or threatening invasive infection, appropriate systemic antibiotic therapy should be instituted concurrently.

Although there have been no reports of systemic allergic reaction in humans, studies have shown that there may be an antibody response in humans to absorbed enzyme material.

ADVERSE REACTIONS: Adverse reactions consist of mild, transient pain, paresthesias, bleeding and transient dermatitis. Pain usually can be controlled by administration of mild analgesics. Side effects severe enough to warrant discontinuation of therapy occasionally have occurred.

If bleeding or dermatitis occurs as a result of the application of TRAVASE (brand of sutilains) Ointment, therapy should be discontinued. No systemic toxicity has been observed as a result of the topical application of TRAVASE Ointment.

Dosage and Administration

STRICT ADHERENCE TO THE FOLLOWING IS REQUIRED FOR EFFECTIVE RESULTS OF TREATMENT

1. Thoroughly Cleanse and Irrigate Wound Area with sodium chloride or water solutions. Wound MUST be cleansed of antiseptics or heavy-metal antibacterials which may denature enzyme or alter substrate characteristics (e.g., Hexachlorophene, Silver Nitrate, Benzalkonium Chloride, Nitrofurazone, etc.).
2. Thoroughly moisten wound area either through tubbing, showering, or wet soaks (e.g., sodium chloride or water solutions).
3. Apply TRAVASE Ointment in a thin layer assuring intimate contact with necrotic tissue and complete wound coverage extending to ¼ to ½ inch beyond the area to be debrided.
4. Apply loose wet dressings.
5. Repeat entire procedure 3 to 4 times per day for best results.

How Supplied

3P3002 TRAVASE Ointment is supplied sterile in one-half ounce tubes (14.2 g.) containing 32,000 casein units of sutilains per gram of hydrophobic ointment base.

The ointment must be stored under refrigeration at 2° to 10° C (35° to 50° F).

References

1. Garrett, T. A. Bacillus subtilis protease, a new agent for debridement. Clin. Med. 76: 11-15, 1969.

2. Nesterberg, R. (Necrosis treatment on fermentative basis). Doctoral dissertation from the Chirurgical Clinic of the University of Munich. Dissertation Printing: Charlotte Schoen, Munich, 1964. (Ger.)

3. Howes, E. L. The healing of the burn may be hindered by its first aid therapy. 20th Cong. Soc. Inter. Chir., Rome, Italy, September 14-20, 1963.

4. Prytz, B., Connell, J. F., Jr., and Rousselot, L. M. Bacillus subtilis protease in the digestion of burn eschar. Clin. Pharmacol. Therap. 7: 547-51, 1966.

*A casein unit is the amount of enzyme required to produce the same optical density at 275 mμ as that of a solution of 1.5 mcg. tyrosine/ml. after the enzyme has been incubated with 35 mg. of casein at 37° C. for one minute.

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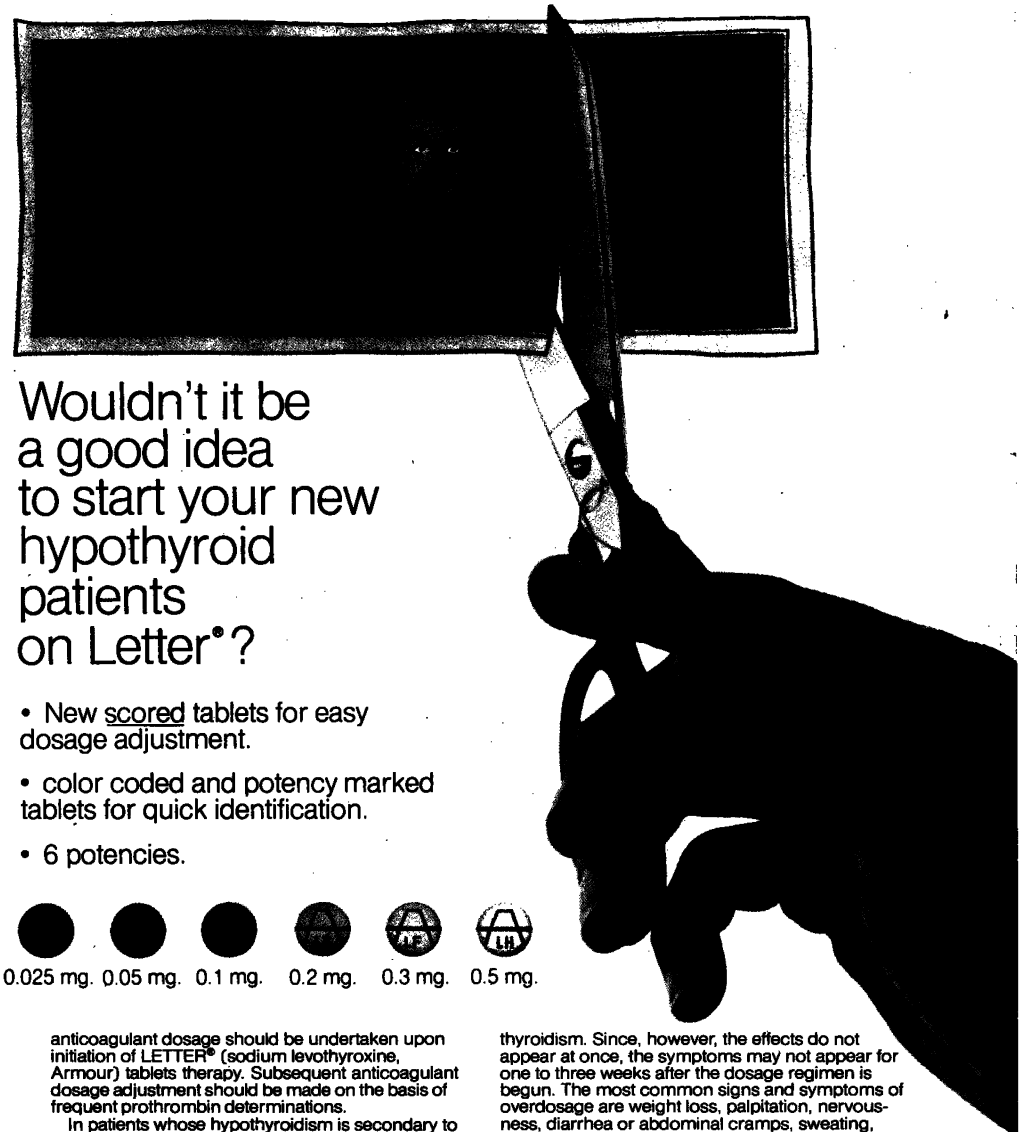

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Indications: Hypothyroid conditions.
Contraindications: Thyrotoxicosis, acute myocardial infarction and in the presence of uncorrected adrenal insufficiency because it increases the tissue demands for adrenocortical hormones and may cause an acute adrenal crisis.
Warnings: Should be used with caution in patients with cardiovascular disease, including hypertension. Development of chest pain or other aggravation of cardiovascular disease will require a decrease in dosage.

Injection of epinephrine in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This may be enhanced in patients receiving thyroid preparations. Careful observation is required if catecholamines are administered to patients in this category. Patients with coronary artery disease should be carefully observed during surgery, since the possibility of precipitating cardiac arrhythmias may be greater in those treated with thyroid hormones.

Thyroid replacement may potentiate anticoagulant effects with agents such as warfarin or bishydroxycoumarin and reduction of one-third in anticoagulant dosage should be undertaken upon initiation of LETTER® (sodium levothyroxine, Armour) tablets therapy. Subsequent anticoagulant dosage adjustment should be made on the basis of frequent prothrombin determinations.

In patients whose hypothyroidism is secondary to hypopituitarism, adrenal insufficiency will probably also be present. When adrenal insufficiency and hypothyroidism coexist, the adrenal insufficiency should be corrected by corticosteroids before administering thyroid hormone.
Precautions: Patients with hypothyroidism, and especially myxedema, are particularly sensitive to thyroid preparations so that treatment should begin with small doses and increments should be gradual.

In patients with diabetes mellitus, addition of thyroid hormone therapy may cause an increase in the required dosage of insulin or oral hypoglycemic agents. Conversely, decreasing the dose of thyroid hormone may possibly cause hypoglycemic reactions if the dosage of insulin or oral hypoglycemic agents is not adjusted.
Adverse Reactions: Excessive dosage of thyroid medication may result in symptoms of hyperthyroidism. Since, however, the effects do not appear at once, the symptoms may not appear for one to three weeks after the dosage regimen is begun. The most common signs and symptoms of overdosage are weight loss, palpitation, nervousness, diarrhea or abdominal cramps, sweating, tachycardia, cardiac arrhythmias, angina pectoris, tremors, headache, insomnia, intolerance to heat and fever. If symptoms of overdosage appear, discontinue medication for several days and reinstitute treatment at a lower dosage level.
Dosage: Generally, the initial adult dosage is 0.1 mg. daily. This may be increased in small increments every 1 to 3 weeks until proper metabolic balance is achieved.
Available: Bottles of 100 tablets, in 6 potencies: 0.025 mg. (violet), 0.05 mg. (peach), 0.1 mg. (pink), 0.2 mg. (green), 0.3 mg. (yellow), and 0.5 mg. (white).

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One of those special patients...with a vulnerable urinary tract.

She's something special...

Seventy-five years old, grandmother of 7 and great-grandmother of 3, bakes a great blueberry pie... and has a chronic urinary infection that probably can't be cured, but should be suppressed.

One of those special patients... with a vulnerable urinary tract.

The long-term use of Mandelamine (methenamine mandelate) Suspension Forte, after the acute cystitis attack has been cleared, may help eliminate or suppress bacterial infection of the urine.

for those special patients with vulnerable urinary tracts

Mandelamine® Suspension Forte

(methenamine mandelate)

500 mg/tsp

Adults: 2 tsp q.i.d. Children 6-12: 1 tsp q.i.d.

M-GP-32-B/W

Caution: Federal law prohibits dispensing without prescription.

Mandelamine, a urinary antibacterial agent, is the chemical combination of mandelic acid with methenamine.

Rationale: *Prophylactic use.* Urine is a good culture medium for many urinary pathogens. Inoculation by a few organisms (relapse or reinfection) may lead to bacteriuria in susceptible individuals. Thus, the rationale of management in recurring urinary tract infection (bacteriuria) is to change the urine from a growth-supporting to a growth-inhibiting medium. There is a growing body of evidence that long-term administration of Mandelamine can prevent the recurrence of bacteriuria in patients with chronic pyelonephritis.

Therapeutic use: Mandelamine helps to sterilize the urine, and in some situations in which underlying pathologic conditions prevent sterilization by any means, it can help to suppress the bacteriuria. Mandelamine should not be used alone for acute infections with parenchymal involvement causing systemic symptoms such as chills and fever. A thorough diagnostic investigation as a part of the overall management of the urinary tract infection should accompany the use of Mandelamine.

Indications: Mandelamine (methenamine mandelate) is indicated for the suppression or elimination of bacteriuria associated with pyelonephritis, cystitis, and other chronic urinary tract infections; also for infected residual urine sometimes accompanying neurologic diseases. When used as recommended, Mandelamine is particularly suitable for long-term therapy because of its safety and because resistance to the nonspecific bactericidal action of formaldehyde does not develop. Pathogens resistant to other antibacterial agents may respond to Mandelamine because of the nonspecific effect of formaldehyde formed in an acid urine.

Contraindications: Contraindicated in renal insufficiency.

Precautions: Dysuria may occur (usually at higher than recommended dosage). This can be controlled by reducing the dosage and the acidification. When urine acidification is contraindicated or unattainable (as with some urea-splitting bacteria), the drug is not recommended.

Adverse Reactions: An occasional patient may experience gastrointestinal disturbance or a generalized skin rash.

Dosage and Management: The average adult dosage is 4 gm daily given as 2 teaspoonfuls (1.0 gm) after each meal and at bedtime. Children 6 to 12 should receive half the adult dosage, one teaspoonful four times a day.

Since an acid urine is essential for antibacterial activity with maximum efficacy occurring at pH 5.5 or below, restriction of alkalinizing foods and medication is thus desirable. If testing of urine pH reveals the need, supplemental acidification should be given.

Supplied: Mandelamine Suspension Forte is a pink, cherry-flavored liquid in bottles of 8 fl. oz. and 16 fl. oz.

Full information is available on request.

WARNER/CHILCOTT
Division, Warner-Lambert Company
Morris Plains, N.J. 07950

(Continued from Page 15)

PHYSICIANS WANTED

INTERNISTS OR GENERAL PRACTITIONERS

Excellent opportunity for internists with pulmonary diseases background or general practitioners interested in pulmonary diseases, primarily tuberculosis. Either full-time or half-time positions are available.

Salary is commensurate with training and exprience.

Contact DR. LEO TAPPER
Rancho Los Amigos Hospital
7601 E. Imperial Highway
Downey, California
or call
(213) 773-4331 or (213) 869-0921

This position is open to men and women; we are an equal opportunity employer under the Civil Service Commission of the County of Los Angeles.

INTERNIST, Board Certfied or Eligible, for recently formed group practice in Tustin, California. (Southern California, near beaches.) $3,000/month—additional incentive after one year. Reply, including curriculum vitae, to P.O. Box 1894, Santa Ana, Ca. 92702.

ORTHOPEDIC SURGEON, Board Certified or Eligible, for recently formed group practice in Tustin, California (Southern California, near beaches.) $3,500/month—additional incentive after 6 months. Reply, including curriculum vitae, to P.O. Box 1894, Santa Ana, Ca. 92702.

GENERAL PRACTITIONER—Urgently needed to re-open clinic and our hospital. Excellent financial probabilities in a hunting and fishing area. Illness forced retirement of our only physician. City will rent clinic for $100.00/month. Contact: Admin., Bowdle Hospital, Bowdle, South Dakota (605) 285-3501.

INTERNISTS, GENERALISTS, GENERAL PRACTITIONERS—To work with multi-specialty group in new San Jose areas. Age no deterrent. Full or part-time. Salary open; depends on qualifications. Send curriculum vitae to Medical Director, San Jose Medical Clinic, 45 S. 17th St., San Jose, Ca. 95112.

OPPORTUNITIES FOR—General Practitioners, General Surgeons, Internists, OB/GYN, Orthopedic Surgeon. Growing HMO adding to staff for 2 new medical centers to be opened in 1973. Competitive salary, bonus and tax sheltered fringe benefits, such as retirement, sabbaticals, etc. Send curriculum vitae to: Frank Eaton, Medical Director, Family Health Program, 2925 North Palo Verde Ave., Room 4302, Long Beach, Ca. 90815.

PEDIATRICIAN NEEDED in California's Antelope Valley, 70 miles northeast of Los Angeles. Lots of work for busy practice; good office space; second pediatrician available for coverage. Ideal living; no smog; little traffic. Modern medical center with open staff privileges. Lee E. Bockhacker, MD, 1600 W. Ave. J, Lancaster, Ca. (805) 948-4577.

UNPRECEDENTED GROWTH has created an urgent need for Internists (with or without sub-specialty) and Family Practitioners. Office space available (initial rent waived) in a medical building adjacent to beautiful and excellently equipped private hospital. Guarantee available for the first year. Please write or call collect, Mr. Chester Mortensen, P.O. Box 4138, Modesto, Ca. 95352. (209) 526-4141.

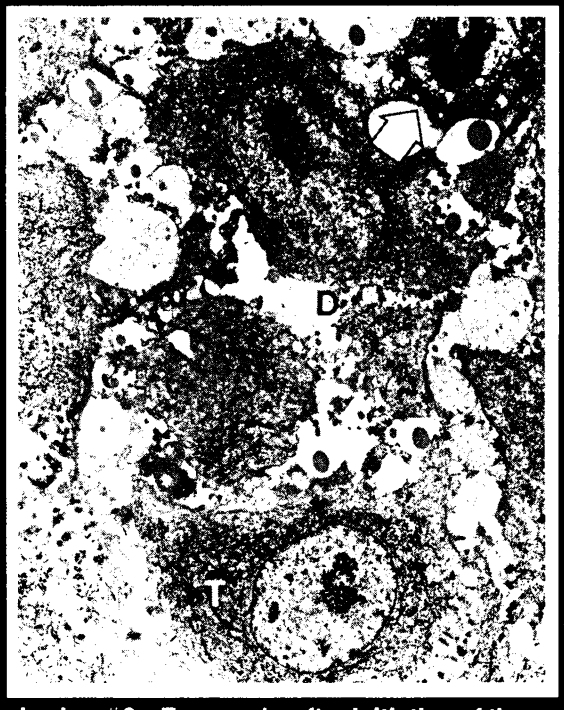
INTERNIST—Progressive, growing, central California community is developing a group of hospital-oriented Internists to complement other groups of specialists already established in area. Good medical facilities. Physicians with subspecialty interest could find this very attractive, but must be willing to do general Internal Medicine. John D. MacCarthy, MD, 645 West Olive, Suite 219, Merced, Ca. 95340. (209) 723-1069.

CLINICAL DIRECTOR—For innovative rural health project. Physician needed to give direction, provide service, and teach medical students in the Livingston, California, Community Health Center—a consumer-controlled program that is self-funded. Two hours from San Francisco and Yosemite. Multiethnic community includes all economic groups. Staff includes administrator, second physician, consultants, residents and students. Affiliated with Stanford University and serves as a primary base for teaching and research in community medicine as a model Family Health Center. Prior experience in a health center and board eligibility in medicine, pediatrics, or family practice preferable. Salary negotiable. Write or call: Count D. Gibson, Jr., MD, Chairman, Department of Community and Preventive Medicine, Stanford University Medical Center, Stanford, Ca 94305. Telephone: (415) 321-1200, Ext. 5476 or 5081.

(Continued on Page 43)

Efudex® (fluorouracil) works where it counts*...

Lesion #2—Two days after initiation of therapy. Electron micrograph of solar keratotic skin from patient's hand.
Typical abnormalities are:
Malpighian cells [containing an abundance of thick tonofibrils (T)] which are connected with well-developed desmosomes (D). Note the clumped tonofibrils in the so-called 'dyskeratotic' cell (arrow) indicative of solar keratosis. No change can be noted at this level after two days of therapy. × 5000 (12/16/71)



Lesion #3—Two weeks after initiation of therapy. Electron micrograph of skin from patient's hand.
Improvement shown:
Less conspicuous desmosomes (D), widened intercellular spaces and Malpighian cells showing a remarkable reduction of tonofibrils (T). The arrow indicates a degenerating dyskeratotic cell. × 5000 (12/31/71)

Solar, actinic or senile keratoses

By whatever name they may be known, they commonly occur as multiple lesions and chiefly on the exposed portions of the skin. Because they may be premalignant, it is generally agreed that they should be treated. Surgery, cryotherapy, or electrodesiccation may present certain drawbacks, both for the physician and the patient, but there is Efudex® (fluorouracil)—as an alternative to conventional therapy.

Sequence of therapy—Selectivity of response

The easily applied Efudex cream or solution usually begins to show effects within a few days—an erythema in the area of the lesions. Within two weeks after initiation of therapy, this reaction usually reaches its height of unsightliness and discomfort, declining after discontinuation of therapy. This reaction occurs in affected areas. Since the response is so predictable, lesions that do not respond should be biopsied to rule out the presence of a frank neoplasm.

Acceptable results

Treatment with Efudex (fluorouracil) provides highly acceptable cosmetic results posttherapeutically. The incidence of scarring is low.* This is particularly important with multiple facial lesions. Efudex should be applied with care near the nose, eyes and mouth.

5% cream/solution—a Roche exclusive

Only Roche formulates the 5% cream and solution —high in patient acceptability—economical—and higher in clinical efficacy than the 2% formulation for lesions of the hands and forearms.

*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

ROCHE

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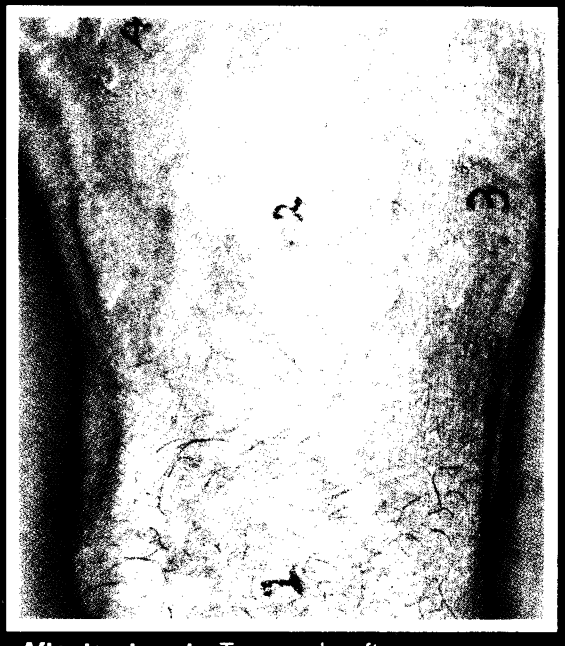
Nutley, N.J. 07110

in treating solar keratoses which may be premalignant.

Before treatment—12/14/71



After treatment—Two weeks after therapy stopped—1/28/72

This patient's solar keratoses responded to Efudex (fluorouracil) 5%

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

How Supplied: Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.
Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

An alternative to conventional therapy

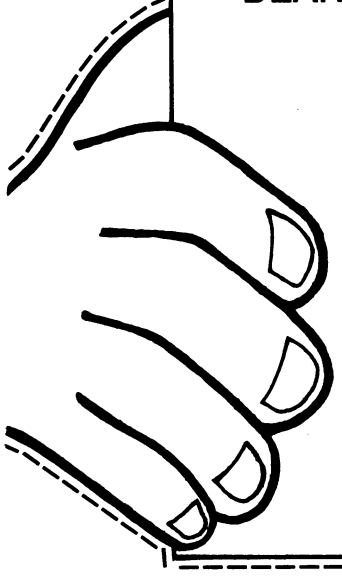
Efudex®
(fluorouracil) cream/solution

If you've been putting off that trip to Europe...

CUT IT OUT!

Come with us to:

Switzerland-Austria-Germany



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(Continued from Page 39)

PHYSICIAN WANTED

PHYSICIAN

Mira Loma Hospital in Lancaster, Calif. is seeking qualified physicians. A California State Physician and Surgeon's Certificate authorized by the Board of Medical Examiners of the State of California is required.

We are a J.C.A.H. hospital seeking General Practitioners. Our major programs include: acute medical, E.C.U., T.B. and O.P.D. We are in an ideal high desert location in smog-free Antelope Valley. Starting salary $1,973 or $2,202 per mo. depending on experience, plus $2.60 per hour bonus. Substantial overtime income if desired. 40 hour week, days. Excellent fringe benefits including malpractice insurance, liberal insurance.

Contact: **RICHARD E. OSGOOD, MD**
Medical Director
Mira Loma Hospital
44900 N. 60th Street
W. Lancaster, Calif. 93534
(805) 948-8581

Positions open to men and women
Equal opportunity employer

PHYSICIAN (Assistant Chief)

Emergency Dept. of a large teaching hospital, UCLA affiliated. Internist, Board eligible or certified, with primary interest in teaching. Opportunity to associate with desired sub-specialty. Good salary and benefits.

For more information and to apply for this position, contact:
NORMAN J. DIAMOND, MD, Chief
Receiving-Emergency Department
Harbor General Hospital
1000 W. Carson St., Torrance, Ca. 90509
This position is open to men and women; we are an equal opportunity employer. Civil Service Commission, County of Los Angeles.

ASSOCIATE WANTED

INTERNIST AND NEPHROLOGIST, 34, no military obligations. Canadian graduate (FRCP), board eligible, extensive clinical and research experience, presently at east coast University, desires practice association with subspecialists in Bay area. Reply: "California Medicine," 693 Sutter St., Box 9347, San Francisco, Ca.

INTERNIST WITH SUBSPECIALTY IN HEMATOLOGY AND ONCOLOGY to join board certified internist in private practice, with same subspecialties. Opportunity for teaching and University appointment. Contact or send curriculum vitae to David Dworkin, MD, Bauer Professional Building, 1045 Atlantic Ave., Suite 508, Long Beach, Ca. 90813. Phone: (213) 437-0506.

GENERAL PRACTICE

General Practitioner or Internist wanted to associate with 3 General Practitioners and 1 Internist, Fairfield Clinic, Fairfield, California, 50 minutes from San Francisco. Salary $30,000 (+) 1st year. Partnership after. Call collect (707) 425-2975.

SITUATION WANTED

GENERAL PRACTITIONER, 63, terminating 30 years private practice one location, 20 years team physician varsity football. Seeks 9, 10 month annual position fall '73. Student health, public health, federal service, E.R., or relief work southern or central California. Teaching acceptable. Licensed California. Resume on request. Available for interview. Contact: California Medicine, 693 Sutter St., Box 9349, San Francisco, Ca. 94102.

PRACTICES FOR SALE

INSTANT PRACTICE! Netting $100,000 yearly. G.P. age 48 retiring July 1. Hospital, nights, weekends optional. Seven room rented office with x-ray. $4,000 buys modern medical and business equipment, E.K.G., Autoclave, etc. Terms. Will introduce. Town 6,000, 18 minutes from Bakersfield. Success assured. R. Kodet, MD, 555 Kern, Shafter, Ca 93263, Phone (805) 746-4066.

BLACK PHYSICIAN leaving established family practice in PASADENA to enter residency. Gross $100,000. Available 7/1/73. Phone (213) 792-6171. C. H. Washington, MD, 120 W. Walnut St., Pasadena, Ca. 91103.

CALIFORNIA MEDICAL PRACTICES FOR SALE. Free mailing list for buyers. Also practices available in Oregon, Washington, Idaho, Utah, Nevada, Colorado, Arizona, New Mexico, Texas, Florida, Georgia and New England States. Professional Practice Sales, 17802 Irvine Blvd., Tustin, Calif. (714) 832-0230, or 1428 Irving St., San Francisco, Ca. (415) 661-0608. Write for free brochure, "Things You Should Know About Buying or Selling Professional Practices."

EDUCATIONAL PROGRAMS

PHYSICIAN EDUCATION PROGRAM IN FAMILY PLANNING AT UCLA. Sponsored by the American College of Obstetrics and Gynecology. Approved for credit by the American Academy of General Practice. Six (6) courses for six (6) physicians each from January through June 1973. Seven day individualized program with a "core curriculum and elective courses." Didactic clinical, surgical, and community experience in Family Planning. No tuition fees. $26.00 per diem provided. For more information contact Irvin M. Cushner, MD, OB-GYN Department, UCLA, Center for Health Sciences, Los Angeles, California 90024. Telephone (213) 826-1046.

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MEDICAL SUITES AVAILABLE—New wing of established medical-dental building, adjacent to Queen of the Valley Hospital in Napa, California. Immediate occupancy. Please call (707) 224-5522.

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Knott & Ball Medical Center
Anaheim, California
Near Anaheim General Hospital
Adjacent to convalescent hospital
1,000 to 6,000 sq. ft. at 45¢ ft.
Immediate occupancy
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Cattle, timber and recreation value. On Main Eel River and trout stream. $85 per acre.
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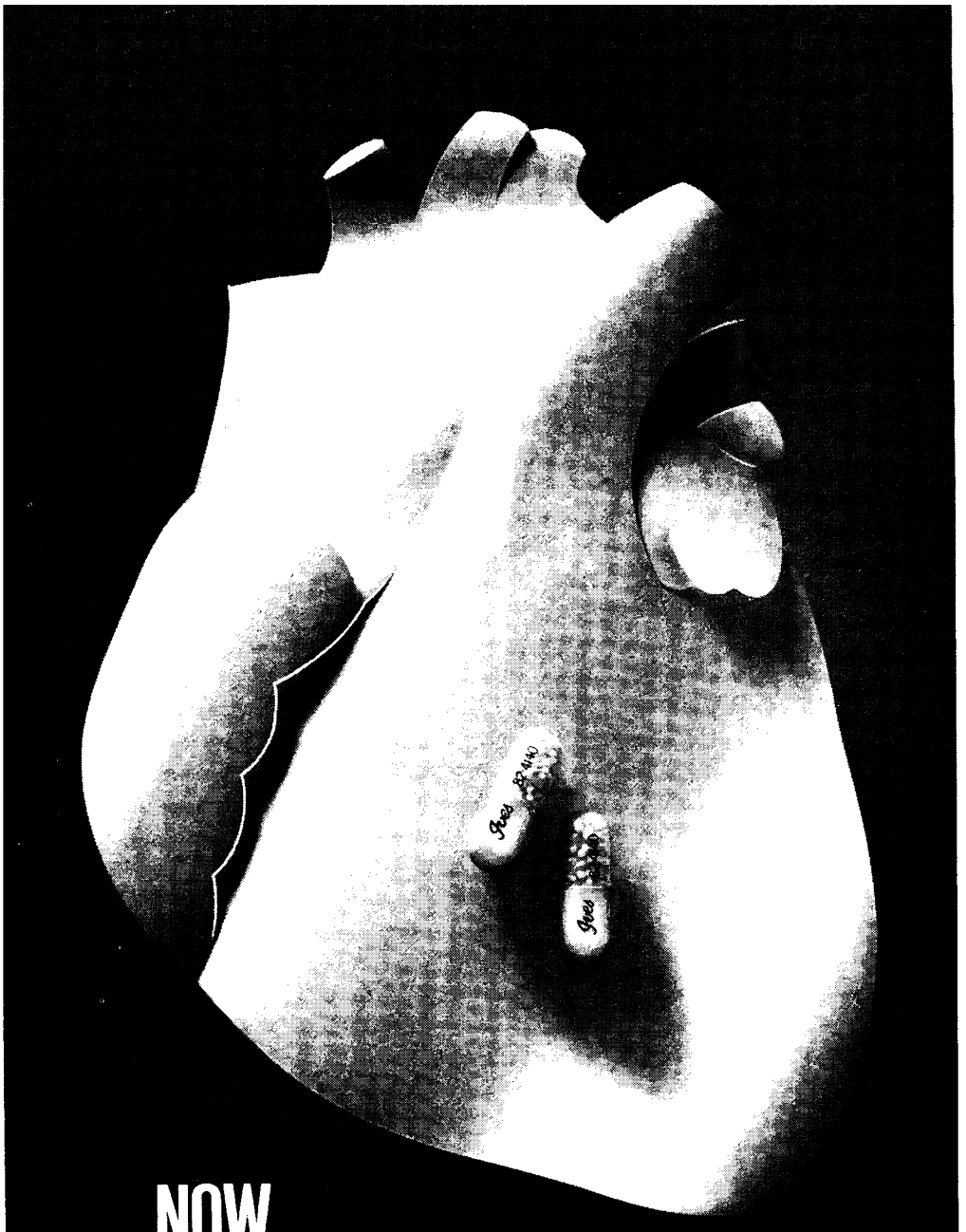


NOW ISORDIL® (ISOSORBIDE DINITRATE) TEMBIDS® CAPSULES, 40 mg.

One capsule b.i.d. helps protect your angina pectoris* patients for up to 24 hours a day.

THERE ARE TWO FORMS OF SUSTAINED ACTION ISORDIL— ISORDIL TEMBIDS CAPSULES, 40 mg., AND ISORDIL TEMBIDS TABLETS, 40 mg.

Widely accepted Isordil Tembids Tablets are now joined by an additional sustained action form, Isordil Tembids Capsules, providing greater prescribing flexibility.

***Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Possibly" effective: When taken by the oral route, Isordil (isosorbide dinitrate) is indicated for the relief of angina pectoris (pain of coronary artery disease). It is not intended to abort the acute anginal episode, but is widely regarded as useful in the prophylactic treatment of angina pectoris.

Final classification of the less-than-effective indications requires further investigation.

Contraindication: Idiosyncrasy to this drug.

Warnings: Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

Precautions: Tolerance to this drug and cross-tolerance to other nitrites and nitrates may occur. In patients with functional or organic gastrointestinal hypermotility or malabsorption syndrome, it is suggested that either the ISORDIL 5 mg. or 10 mg. Oral tablets or sublingual tablets be the preferred therapy. The reason for this is that a few patients have reported passing partially dissolved ISORDIL TEMBIDS tablets in their stools. This phenomenon is believed to be on the basis of physiological variability and to reflect rapid gastrointestinal transit of the sustained action tablet. TEMBIDS SHOULD NOT BE CHEWED.

Adverse Reactions: Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

Consult direction circular before prescribing.

May we send you reprints, detailed information and/or professional samples?

TEMBIDS® – TRADEMARK FOR SUSTAINED ACTION TABLETS AND CAPSULES

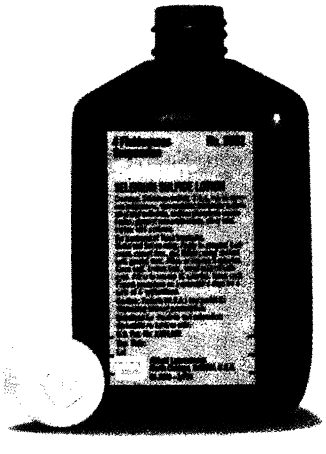
IVES LABORATORIES INC.

685 Third Avenue, New York, N.Y. 10017

DEDICATED TO IMPROVING THE QUALITY OF LIFE, THROUGH MEDICINE

Hair styles come and go, but Selsun® (SELENIUM SULFIDE LOTION) remains a classic for dandruff

Since 1951, Selsun has proven to be effective in treating dandruff and seborrheic dermatitis. When your patient is tormented by itching and scaling, provide the relief that only you can prescribe ...Selsun...classic anti-dandruff therapy.



Precautions and side effects: Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, 2½%, w/v in aqueous suspension; also contains: bentonite, sodium alkyl aryl sulfonate, sodium phosphate (monobasic), glyceryl monoricinoleate, citric acid, captan, and perfume. 302412R

ABBOTT

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ARE PATIENTS GETTING THE POTENCY YOU PRESCRIBE?

Unlike U.S.P. desiccated thyroid, Proloid®(thyroglobulin) offers the assurance of constant potency.

To begin with, Proloid is uniquely purified. The thyroglobulin extracted from hog thyroid is devoid of any glandular debris.

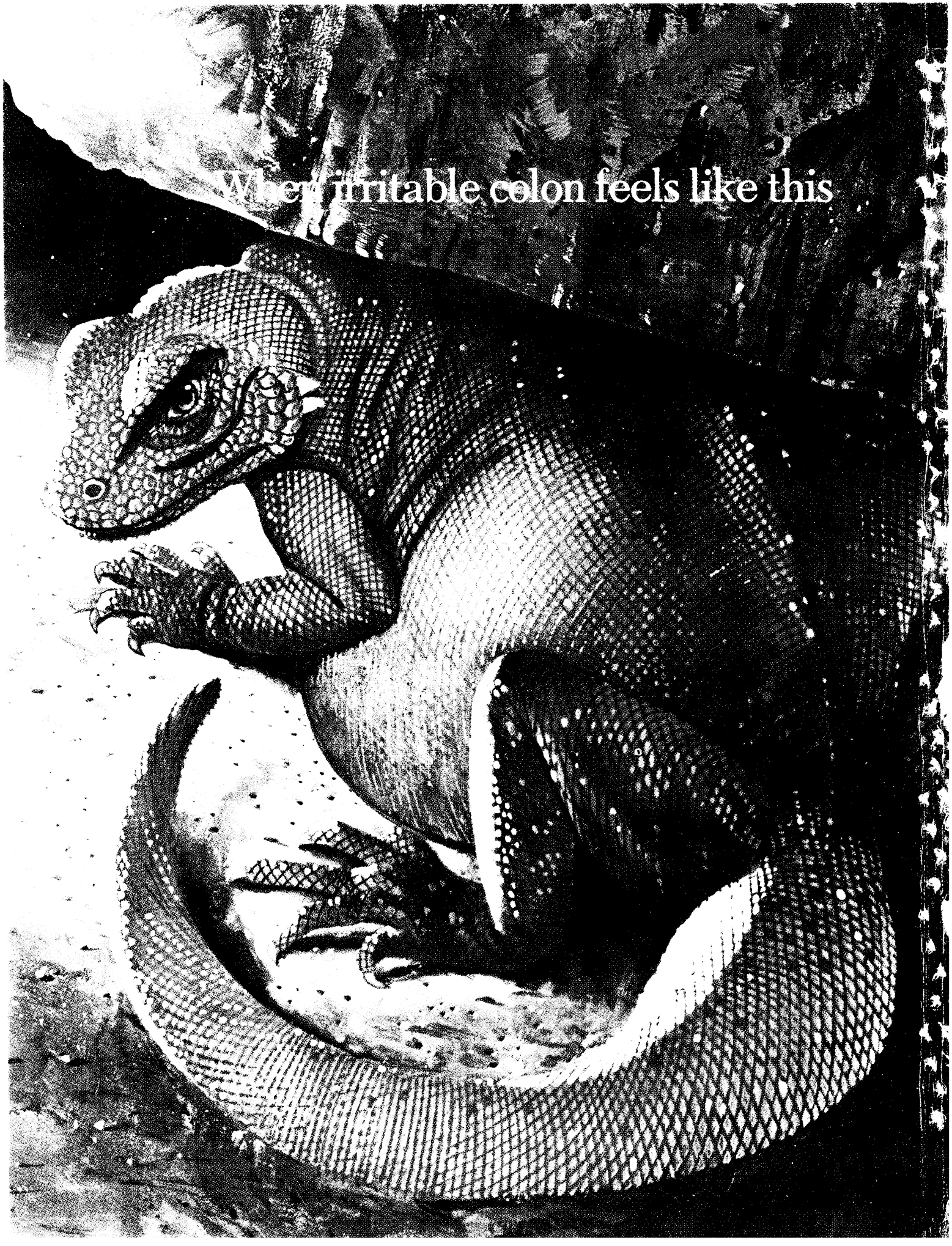
Then, Proloid is chemically and biologically assayed to assure consistent metabolic activity from batch to batch. The T_4 and T_3 content of every dose is blended for optimal thyroid replacement.

Important, too, is the fact that Proloid is invariably "fresh" when your patients take it. Under proper storage conditions, its potency will not diminish for at least four years.

All of which adds up to this: the potency of Proloid is constant...for more consistent results.

PROLOID®
(thyroglobulin)

natural thyroid therapy that leaves nothing to chance


When irritable colon feels like this

. . . **KINESED®** provides more complete relief.

Gastroenteritis, colitis, gastritis or duodenitis can produce spasm or hypermotility, gas distention and discomfort. But Kinesed can provide a balanced formulation to relieve these symptoms:

- ☐ **belladonna alkaloids—for the hyperactive bowel**
- ☐ **simethicone—for accompanying distention and pain due to gas**
- ☐ **phenobarbital—for associated anxiety and tension**

Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.
Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.
Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.
Dosage: *Adults:* One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms.

Children 2 to 12 years: One-half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

STUART PHARMACEUTICALS | Division of ICI America Inc. | Wilmington, Del. 19899

(from the Greek **kinetikos**,
to move,
and the Latin **sedatus**,
to calm)

KINESED®

antispasmodic/sedative/antiflatulent

Each *chewable tablet* contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Chuckwalla (*Sauromalus obesus*):
This southwestern desert lizard seeks
shelter in crevices of rocks.
When attempts are made to probe him
from his niche, he gulps air
until his abdomen is distended up to
sixty per cent over its normal size...
thus wedging himself tightly
in place and preventing capture.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states, somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

If there's good reason to prescribe for psychic tension...

When, in spite of counseling, the patient's pattern of overreaction to stress affects his ability to function

Dependable response is a good reason to consider Valium®

(diazepam)

2-mg, 5-mg, 10-mg tablets

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HOSPITALS • SANITARIUMS • REST HOMES

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"Antiacid" action for ulcer patients...

one of the many things you need in an anticholinergic.

Pro-Banthine is provided in several different dosage forms and combinations which will meet virtually any clinical need. It is just as versatile in filling patient needs, among which are:

"Antiacid" action—Pro-Banthine® (propantheline bromide) reduces gastric secretory volume and resting total and free acid.

"Sustained" action—Pro-Banthine P.A.® (propantheline bromide) contains 30 mg. of the drug in the form of sustained-release or timed-release beads; on ingestion about half of the drug is released within an hour and the remainder continuously as earlier increments are metabolized.

High-level anticholinergic activity is maintained all day and all night in most patients with only two tablets every eight hours.

"Analgesic" action—Pro-Banthine helps to control the acid-spasm-pain complex.

A "diagnostic tool"—Pro-Banthine may be used parenterally to immobilize the duodenum for more revealing roentgenographic appraisal through hypotonic duodenography.

Pro-Banthine is considered adjunctive in total peptic ulcer therapy that may include diet, conventional antacids, bed rest, and other supportive measures.

Vigorous anticholinergic action — Pro-Banthine® Vials, 30 mg., are for intramuscular or intravenous use when prompt and vigorous anticholinergic action is required.

Mild anticholinergic action—Pro-Banthine® Half Strength, 7.5-mg. tablets, for more exact adjustment of maintenance dosage in mild to moderate gastrointestinal disorders.

Indications: Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer. Dosage must be adjusted to the individual.

Contraindications: Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, toxic megacolon, hiatal hernia associated with reflux esophagitis, or unstable cardiovascular adjustment in acute hemorrhage.

Warnings: Patients with severe cardiac disease should be given this medication with caution.

Fever and possibly heat stroke may occur due to anhidrosis.

In theory a curare-like action may occur, with loss of voluntary muscle control. For such patients prompt and continuing artificial respiration should be applied until the drug effect has been exhausted.

Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

Precautions: Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

Overdosage should be avoided in patients severely ill with ulcerative colitis.

Adverse Reactions: Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

Dosage and Administration: The recommended daily dosage for adult oral therapy is one 15-mg. tablet with meals and two at bedtime. Subsequent adjustment to the patient's requirements and tolerance must be made.

Pro-Banthine P.A.—Each tablet of Pro-Banthine P.A. (propantheline bromide) contains 30 mg. of the drug in the form of sustained-release or timed-release beads; on ingestion about half of the drug is released within an hour and the remainder continuously as earlier increments are metabolized. Thus the result is even, high-level anticholinergic activity maintained all day and all night in most patients with only two tablets daily. Some patients may require one tablet every eight hours.

The contraindications and precautions applicable to Pro-Banthine 15 mg. should be observed.

How Supplied: Pro-Banthine is supplied as tablets of 15 and 7.5 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg.

SEARLE **Searle & Co.**
San Juan, Puerto Rico 00936

Address medical inquiries to: G. D. Searle & Co.
Medical Department, Box 5110, Chicago, Ill. 60680

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Pro-Banthine®
brand of
propantheline bromide
a good option in peptic ulcer

MINOCIN® made the difference in just eight days.*

Clinical Data:
Patient: 47-year-old male.
Diagnosis: Severe pyoderma, left hand.
Culture: *Staphylococcus aureus, coagulase* positive and sensitive to MINOCIN.
Temperature: 102° F
Therapy: MINOCIN Minocycline HCl Capsules, 100 mg: 200 mg *stat,* 100 mg every 12 hours. Medication began 9/7/71. By fourth day, temperature was normal and pustular lesions considerably improved. Last dose taken 9/14/71.
Concomitant therapy: None.†

Semisynthetic
MINOCIN®
MINOCYCLINE HCl
Capsules, 100 mg: 2 *stat,* 1 q 12 h.

Minocycline is a tetracycline with activity against a wide range of gram-negative and gram-positive organisms.
Contraindications: Hypersensitivity to any tetracycline.
Warnings: The use of tetracyclines during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses, and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity does not occur with MINOCIN Minocycline HCl. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis. Pregnancy: In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. Safety of use during human pregnancy has not been established. *Newborns, infants and children:* All tetracyclines form a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug of this class. Safe use has not been established in children under 13.
Precautions: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.
Adverse Reactions: (Common to all tetracyclines, including MINOCIN) GI: (with both oral and parenteral use): anorexia, nausea, light-headedness, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. *Skin:* maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). *Renal toxicity:* rise in BUN, dose-related (see "Warnings"). *Hypersensitivity reactions:* urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given in high doses, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. *Blood:* hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia.
NOTE: *Concomitant therapy:* Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that MINOCIN is not notably influenced by foods and dairy products.

***Indicated in infections due to susceptible organisms. Culture and sensitivity testing recommended. Tetracyclines are not the drugs of choice in the treatment of any staphylococcal infection.**
†Case Report, Clinical Investigation Department, Lederle Laboratories.

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965 436-2